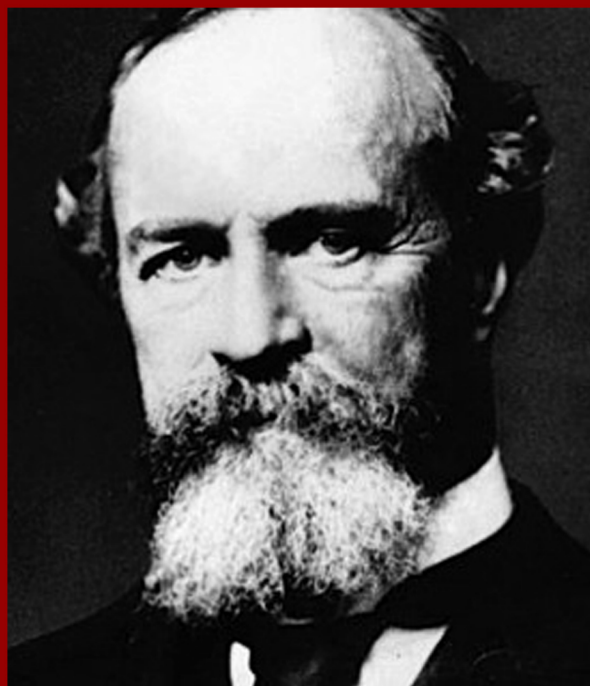




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INDIAN PSYCHOLOGY

Person of the Issue



William James (1842-1910)

Editor in Chief:
Dr. Suresh M. Makvana
Editor:
Ankit P. Patel





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Message from Editors

We welcome you to the most trusted and fastest progressing psychological network of India. We also thank you for providing us with the opportunity to publish your ideas and papers.

The International Journal of Indian Psychology is journal that is published online as well as on print. It focuses on issues and ideas related to psychology. The journal feels glad and proud to present the upcoming issue. We wish that our publications and the papers presented in them reach each and every individual who is interested in the field of psychology, in every corner of the world. Looking at the current figure of resisted viewers and readers (more than 7 lacs) we believe our goal is met.

This issue Volume 2, Issue 2, No.2 consists of 20 researched written by intelligent minds from different countries of the world, not just India. These researches shine a light on different problems and issues of our society. We hope that these publications fulfill this goal and form a foundation for future researches. We feel proud to present these 20 researches and the brilliant minds that helped us shape this issue.

Dr. Suresh Makvana*
(Editor in Chief)
Mr. Ankit Patel**
(Editor)

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The views expressed by the authors in their articles, reviews etc in this issue are their own. The Editor, Publisher and owner are not responsible for them. All disputes concerning the journal shall be settled in the court at Lunawada, Gujarat.

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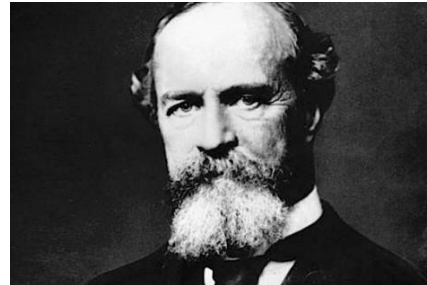


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Person of the Issue: William James (1842-1910)

Ankit Patel¹

Born	January 11, 1842 New York City, New York
Died	August 26, 1910 (aged 68) Tamworth, New Hampshire
Alma mater	Harvard University
Religion	Western Philosophy
Era	19th/20th century philosophy Pragmatism
School	Functional psychology Radical empiricism
Main interests	Pragmatism, psychology, philosophy of religion, epistemology, meaning



William James was an original thinker in and between the disciplines of physiology, psychology and philosophy. His twelve-hundred page masterwork, *The Principles of Psychology* (1890), is a rich blend of physiology, psychology, philosophy, and personal reflection that has given us such ideas as “the stream of thought” and the baby’s impression of the world “as one great blooming, buzzing confusion” (PP 462). It contains seeds of pragmatism and phenomenology, and influenced generations of thinkers in Europe and America, including Edmund Husserl, Bertrand Russell, John Dewey, and Ludwig Wittgenstein. James studied at Harvard’s Lawrence Scientific School and the School of Medicine, but his writings were from the outset as much philosophical as scientific. “Some Remarks on Spencer’s Notion of Mind as Correspondence” (1878) and “The Sentiment of Rationality” (1879, 1882) presage his future pragmatism and pluralism, and contain the first statements of his view that philosophical theories are reflections of a philosopher’s temperament.

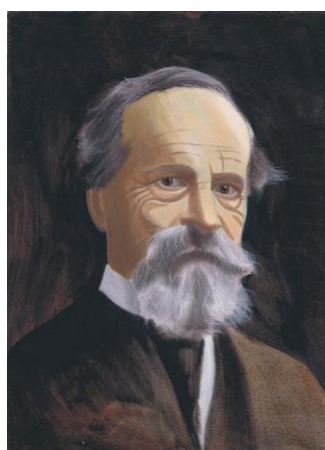
William James was born in New York City on January 11, 1842, into an intellectual household; his father was a philosopher and his brother, Henry James, grew up to become a renowned novelist. After medical school, James focused on the human psyche, writing a masterwork on the subject, entitled *The Principles of Psychology*. He later became known for the literary piece *The Will to Believe and Other Essays in Popular Philosophy*, which was published in 1897. James died on August 26, 1910, in Chocorua, New Hampshire.

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Person of the Issue William James (1842-1910)

James hints at his religious concerns in his earliest essays and in *The Principles*, but they become more explicit in *The Will to Believe and Other Essays in Popular Philosophy* (1897), *Human Immortality: Two Supposed Objections to the Doctrine* (1898), *The Varieties of Religious Experience* (1902) and *A Pluralistic Universe* (1909). James oscillated between thinking that a “study in human nature” such as *Varieties* could contribute to a “Science of Religion” and the belief that religious experience involves an altogether supernatural domain, somehow inaccessible to science but accessible to the individual human subject.

James made some of his most important philosophical contributions in the last decade of his life. In a burst of writing in 1904–5 (collected in *Essays in Radical Empiricism* (1912)) he set out the metaphysical view most commonly known as “neutral monism,” according to which there is one fundamental “stuff” that is neither material nor mental. In “A Pluralistic Universe” he defends the mystical and anti-pragmatic view that concepts distort rather than reveal reality, and in his influential *Pragmatism* (1907), he presents systematically a set of views about truth, knowledge, reality, religion, and philosophy that permeate his writings from the late 1870s onwards.



[Portrait of William James © Darren McAndrew 2014]

William was precocious, highly intelligent, aware that he had no need to earn a living, yet very competitive with brother Henry and determined to seek distinction. Showing some skill in drawing, he first studied painting as a pupil of the well-known artist William Hunt, but soon abandoned hopes of an artistic career. However, it's clear that he had a well-developed artistic sensibility, and his later writings show an emotional sensitivity and a gift for metaphor and picturesque description. It was equally clear that he sought a greater distinction than he felt his artistic gifts could guarantee. In the end he chooses to study medicine, enrolling in 1861 in the Lawrence Scientific School at Harvard to study chemistry and comparative anatomy.

James then entered Harvard Medical School in 1864, but, under no pressure to qualify in order to practice, and still unsure of what he really wanted to become, he interrupted his medical studies twice. In 1865 he joined the famous Harvard biologist Louis Agassiz on an expedition to the Amazon to collect specimens for a new zoological museum. After resuming his studies he took another break, partly because of ill health and partly because he wanted to study in Europe. He finally completed his medical degree in 1869, but never practiced medicine, having neither need nor inclination to do so. Yet James was far from being a dilettante – rather, he was the opposite; a man diligently seeking his true vocation, and in the process becoming a polymath.

He began to see a way forward, and in 1873 chose to accept a position as an instructor in physiology and anatomy at Harvard. James had become deeply interested in what he called ‘physiological psychology’ – the issue of how creatures of flesh and blood could relate to the spiritual world of their experiences, beliefs and culture. From that point on his intellectual interests began to cohere, and his intellectual horizons continually expanded, resulting in the publication of his masterwork on psychology in 1890. His deep and abiding interest in people –

Person of the Issue William James (1842-1910)

what they did, what prompted their actions, how they reasoned, and how they related to one another – had two major consequences. It meant he shifted emphasis in the emerging discipline of psychology from the theoretical to the practical; and it meant he sought a new form of philosophy that was based on human beings rather than on depersonalized metaphysical abstractions.

TIME LINE

1. 1842. Born in New York City, first child of Henry James and Mary Walsh. James. Educated by tutors and at private schools in New York.
2. 1843. Brother Henry born.
3. 1848. Sister Alice born.
4. 1855–8. Family moves to Europe. William attends school in Geneva, Paris, and Boulogne-sur-Mer; develops interests in painting and science.
5. 1858. Family settles in Newport, Rhode Island, where James studies painting with William Hunt.
6. 1859–60. Family settles in Geneva, where William studies science at Geneva Academy; then returns to Newport when William decides he wishes to resume his study of painting.
7. 1861. William abandons painting and enters Lawrence Scientific School at Harvard.
8. 1864. Enters Harvard School of Medicine.
9. 1865. Joins Amazon expedition of his teacher Louis Agassiz, contracts a mild form of smallpox, recovers and travels up the Amazon, collecting specimens for Agassiz's zoological museum at Harvard.
10. 1866. Returns to medical school. Suffers eye strain, back problems, and suicidal depression in the fall.
11. 1867–8. Travels to Europe for health and education: Dresden, Bad Teplitz, Berlin, Geneva, Paris. Studies physiology at Berlin University, reads philosophy, psychology and physiology (Wundt, Kant, Lessing, Goethe, Schiller, Renan, Renouvier).
12. 1869. Receives M. D. degree, but never practices. Severe depression in the fall.
13. 1870–1. Depression and poor health continue.
14. 1872. Accepts offer from President Eliot of Harvard to teach undergraduate course in comparative physiology.
15. 1873. Accepts an appointment to teach full year of anatomy and physiology, but postpones teaching for a year to travel in Europe.
16. 1874–5. Begins teaching psychology; establishes first American psychology laboratory.
17. 1878. Marries Alice Howe Gibbens. Publishes “Remarks on Spencer's Definition of Mind as Correspondence” in *Journal of Speculative Philosophy*.
18. 1879. Publishes “The Sentiment of Rationality” in *Mind*.
19. 1880. Appointed Assistant Professor of Philosophy at Harvard. Continues to teach psychology.
20. 1882. Travels to Europe. Meets with Ewald Hering, Carl Stumpf, Ernst Mach, Wilhelm Wundt, Joseph Delboeuf, Jean Charcot, George Croom Robertson, Shadworth Hodgson, Leslie Stephen.
21. 1884. Lectures on “The Dilemma of Determinism” and publishes “On Some Omissions of Introspective Psychology” in *Mind*.
22. 1885–92. Teaches psychology and philosophy at Harvard: logic, ethics, English empirical philosophy, psychological research.

Person of the Issue William James (1842-1910)

23. 1890. Publishes *The Principles of Psychology* with Henry Holt of Boston, twelve years after agreeing to write it.
24. 1897. Publishes *The Will to Believe and Other Essays in Popular Philosophy*. Lectures on "Human Immortality" (published in 1898).
25. 1898. Identifies himself as a pragmatist in "Philosophical Conceptions and Practical Results," given at the University of California, Berkeley. Develops heart problems.
26. 1899. Publishes *Talks to Teachers on Psychology: and to Students on Some of Life's Ideals* (including "On a Certain Blindness in Human Beings" and "What Makes Life Worth Living?"). Becomes active member of the Anti-Imperialist League, opposing U. S. policy in Philippines.
27. 1901–2. Delivers Gifford lectures on "The Varieties of Religious Experience" in Edinburgh (published in 1902).
28. 1904–5 Publishes "Does 'Consciousness' Exist?," "A World of Pure Experience," "How Two Minds Can Know the Same Thing," "Is Radical Empiricism Solipsistic?" and "The Place of Affectional Facts in a World of Pure Experience" in *Journal of Philosophy, Psychology and Scientific Methods*. All were reprinted in *Essays in Radical Empiricism* (1912).
29. 1907. Resigns Harvard professorship. Publishes *Pragmatism: A New Name for Some Old Ways of Thinking*, based on lectures given in Boston and at Columbia.
30. 1909. Publishes *A Pluralistic Universe*, based on Hibbert Lectures delivered in England and at Harvard the previous year.
31. 1910. Publishes "A Pluralistic Mystic" in *Hibbert Journal*. Abandons attempt to complete a "system" of philosophy. (His partially completed manuscript published posthumously as *Some Problems of Philosophy*). Dies of heart failure at summer home in Chocorua, New Hampshire.

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Internet Addiction and Psychological Well-being among Youths of Rajkot District

Mohit M. Pandya¹, Nitin R. Korat²

ABSTRACT:

The purpose of present study was to find out correlation between the youths' Internet Addiction and Psychological well-being. The said sample was 120 both males and females in equal numbers was selected through random sampling. Internet Addiction Inventory & Psychological well-being Inventory are tailor-made instruments, having sufficient reliability and validity. For the purpose of analysis, The Karl-Pearson 'r' technique was used. Present study reveals the result that there is no significant Negative correlation between the youths' Internet Addiction and Psychological well-being. The authors suggest that there is a need to explore the rural and the urban youths' correlation in the line of above study.

Keywords: *Internet Addiction and Psychological well-being*

INTRODUCTION:

Concept of internet addiction was first coined by Goldberg (1996) and by following DSM IV addiction criteria it was defined as "very strong desire or urge for using the internet" (Aboujaoude et al., 2006; Block, 2008; Korkeila et al. 2009). Internet is a technological tool which makes our life easier and has become an indispensable part of it while its number of user population increases faster each day (Isman and Dabaj, 2004; Yapici, and Akbayin, 2012). Although internet plays an indirect role on these issues, internet addiction affects these issues directly (Akin, 2012; Young, 1998).

Young (2006) stated that internet is one of the things that influence our daily life because internet users more likely to spend their leisure time in the cyber community. Mythily, Qiu and Winslow (2008), Singapore is a multicultural city-state with a total resident population of just over 3.5 million people, the literacy rate of Singaporeans is 95.4%. Result show that 84% of the resident with age 10 to 14 years age have started to use the internet, while the internet use for the age of 15 to 59 is 64%. Besides that, 21% of Singaporean with 60 years and older age group has used the internet. Furthermore, 78% of household in Singapore have at least one computer no matter is desktop or laptop at home and the 71% of household have access to the internet at home. The most important thing is 61% of the individuals are using the internet for leisure activities including playing/downloading games, listening to music or watching films.

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Internet Addiction and Psychological Well-being among Youths of Rajkot District

Feel the necessity for using the internet in an increased proportion in order to get the satisfaction they desire (Lee and Shin, 2004); fail in their attempts to control, reduce or give up their internet usage (Widyanto and Griffiths, 2007). Furthermore social sharing sites like Facebook, Twitter, online games and online gambling causes an increase in the number of internet addiction cases and it is stated that internet addiction will become a serious problem in the near future (Andreassen et al., 2012; Herrera et al., 2010; Teke, 2011).

“Well-being is a positive and sustainable condition that allows individuals, groups or nations to thrive and flourish” (Huppert, Baylis & Keverne., 2005). “A state of complete physical mental and social well-being and does not consist only of the absence of disease or infirmity” - World health organization (WHO-1948). The fundamental proposition of Ryff’s psychological well-being model was that subjective well-being (Diener, Lucas, & Oishi, 2002) wasn’t necessarily a condition for mental health (Robbins & Kliever, 2000). For example, a psychotic person might say being happy though psychologically distressed. Therefore, additional features are essential in evaluating psychological health (Robbins & Kliever, 2000). The analysis of the factors associated with psychological well-being provides a means to understand precisely what it is. As Diener and Suh (2001) suggest, emotions are good predictors of psychological well-being. The purpose in this study was to examine the subjective perception that undergraduates have of psychological well-being on the basis of proposals from Ryff and Keyes (1995).

Psychological state of amputees is usually shattered, leading to a state of psychological un-wellness. Psychological well-being is a state of complete wellness in the mental status. Below the knee amputees experience a lot of negative feelings and expectations which are sometimes overt or covert. People with below the knee amputation experience anxiety and depression following amputation of the lower extremity, sometimes they experience low self-esteem, loss of interest in life and can become suicidal. These psychological reactions correlate significantly with age and marital status, and there is no correlation with level of amputation, mode of ambulation and indication for amputation (Mosaku et al, 2009).

OBJECTIVES:

To check correlation between Internet Addiction and Psychological well-being of Rajkot District youths.

HYPOTHESIS:

There is no correlation between Internet Addiction and Psychological well-being of Rajkot district youths.

SAMPLE:

The respondents of the present study 120 young people randomly selected from various Areas in Rajkot district. In present research the total sample consisted of 60 male and 60 female Rajkot district were chosen.

TOOLS:

1. Internet Addiction Test (IAT)

The IAT was developed by Dr. Kimberly Young, 1998 and it consists of 20 questions which were adopted to evaluate the respondents' level of internet addiction. Each item is scored using a five-point Likert scale, a graded response can be selected (1 = "rare" to 5 = "always"). It covers the degree to which internet use affects daily routine, social life, productivity, sleeping pattern, and feeling. The minimum score is 20 while the maximum is 100 and the higher the score the greater the level of internet addiction. Three types of Internet-user groups were identified in accordance with the original scheme of Young and the scores ranging from 20 to 49 indicate minimal users while scores from 50 to 79 indicate moderate users and the scores from 80 to 100 indicate excessive users. The instrument has exhibited good psychometric properties in previous researches. The reliability for this questionnaire is 0.899 in Cronbach's Alpha (Sally, 2006).

2. Psychological Well-Being Test

It was developed by Bhogle and Prakash (1995), was used to measure Psychological well-being. The questionnaire contains 28 items with true and false response alternative. It covers 13 dimensions of psychological well-being. The maximum possible score is twenty eight and minimum is zero. High score indicates high level of psychological well-being. The test – retest reliability coefficient is 0.72 and internal consistency coefficient is 0.84. The author has reported satisfactory validity of the questionnaire.

PROCEDURE:

In this research two tests were administered individually as well as on young people, which collecting data for the study before attempting the questionnaire the subjects were requested to read the instruction carefully and follow them in true spirits. While the data collection was completed then 'r' was used to check correlations.

RESULTS AND DISCUSSION

Table-1

Correlation calculation between Internet Addiction and Psychological well-being of Rajkot district youths.

Sr. no.	Variables	N	df	r	Sig. Levels
1.	Internet Addiction	120	118	-0.15	N.S.
2.	Psychological well-being	120	118		

We have seen the table no.1 the correlation between Internet Addiction and Psychological well-being that 'r' value = -0.15, so we can say that there was no significant correlation between the respondents Internet Addiction and Psychological well-being. Here, the Negative r value= -0.15, which was no significant at 0.05levels.Hence, Hypothesis is therefore to be accepted and it concluded that there was no significance correlation between respondents Internet Addiction

and their Psychological well-being. It means that as Internet Addiction increases the Psychological well-being is increases.

CONCLUSION

The study presented in Rajkot district youths' Internet Addiction and Psychological Well-being of which are not connected to each other in check. Variable Negative correlation was seen between the two. Thus, Youths' Internet Addiction and Psychological Well-being is no correlated with There is Negative Correlation between each other.

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Psychological Well-Being among Public and Private Undertakings in Aligarh

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ABSTRACT:

The aim of this study was to compare the psychological well-being of public and private undertakings in Aligarh. The sample consisted of 100 participants including 50 each from public and private undertakings. Psychological well-being is a positive aspect that is present in every individual in varying degree& it is very important to measure psychological well-being among public & private sector due to its role of productivity in each sector. Psychological well Being is an important aspect for effective performance in each undertaking sector, as it determines the internal feelings to persuade the external actions .Low psychological well-being is obvious to effect any domain of our life may it be academic or work life. 42 item versions Psychological well being scale by Carol ryff was used to collect the data from different private & public undertakings in Aligarh. This scale consist of six dimensions namely Autonomy, Environmental Mastery, Personal Growth, Positive Relationship, Purpose in Life, Self-Acceptance. Mean, Standard Deviation and t-test were applied for analysis of data. The findings of this study revealed that over all psychological well-being of public undertakings is higher than private undertakings. Significant difference of overall psychological well-being was found between public and private undertakings in Aligarh .Furthermore, significant difference was found on all above mentioned dimensions of psychological well-being except autonomy and self-acceptance.

Keywords: *Psychological well -being, public undertakings' and private undertakings'.*

INTRODUCTION:

The public sector is the part of the economy concerned with providing various government services. The composition of the public sector varies by country, but in most countries the public sector includes such services as the military, police, public transit and care of public roads, public education, along with healthcare and those working for the government itself, such as elected officials(Barlow, J. Roerich, et;al 2010). Businesses and organizations that are not part of the public sector are part of the private sector. The private sector is composed of the business sector, which is intended to earn a profit for the owners of the enterprise, and the voluntary sector, which includes charitable organizations. The public sector might provide services that a non-payer cannot be excluded from (such as street lighting), services which benefit all of society rather than just the individual who uses the service. Different private sectors were found to be involved in more psychological well-being problems due to these changes. Both public & private sector undertakings are found to differ in their structure &organization, work schedules, work load, job security, salary, sense of stability in job& organizational commitment which

consequently affects their psychological Well-being at different level. Psychological wellbeing have started to receive impetus due to hectic work schedules & changing technologies.

Psychological wellbeing is a positive aspect that is present in every individual in varying degree& it is very important to measure psychological wellbeing among public & private sector due to its role of productivity in each sector. Psychological well Being is an important aspect for effective performance in each undertaking sector, as it determines the internal feelings to persuade the external actions .Low psychological wellbeing is obvious to effect any domain of our life may it be academic or work life. Psychological wellbeing is associated with subjective feeling of contentment, happiness, joy ,satisfaction with self experience & satisfaction with the world of work , sense of achievement & belongingness& no distress ,dissatisfaction or worry etc.

The concept of well-being refers to fullest psychological functioning and experience. There is an increasing awareness that, positive affect is not the opposite of negative affect (Cacioppo & Berntson, 1999), well-being is therefore not the absence of psychopathology or mental illness. The field of psychological well-being has witnessed the formation of two relatively distinct, yet overlapping, perspectives and paradigms for empirical inquiry on what is meant by well-being. The first that reflects the view that well-being consists of pleasure or happiness has been labelled hedonism (Kahneman ,Diener & Schwarz, 1999). The hedonic viewpoint focuses on subjective well-being, which is frequently equated with happiness and is formally defined as more positive effect, less negative effect, and greater life satisfaction (Diener & Lucas, 1999). In contrast, the second view lies in the actualization of human potentials. This view which reflects the fact that well-being consists of more than just happiness has been labeled eudemonism (Waterman, 1993), conveying the belief that well- being consists of fulfilling or realizing one's daemon or true nature. The eudemonic viewpoint focuses on psychological well-being, which is defined more broadly in terms of the fully functioning person and has been operational zed either as a Set of six dimensions (RYFF, 1989), as happiness plus meaningfulness (McGregor & Little, 1998), or as a set of wellness variables such as self-actualization and vitality (Ryan & Deci, 2000).

Components of psychological wellbeing include Autonomy, Environmental mastery, Personal, Purpose in life, Positive relations with other, Self-acceptance.

Autonomy: It includes determination of anything related to individual by himself, ability to carry out decisions by himself. Without any assistance by external people, and the activities may it be mental or physical are controlled by internal force.. Self-actualizers are described as showing autonomous functioning and resistance to enculturation. The fully functioning person is described as having an internal locus of evaluation, where one does not wish to seek approval from others but he finds him/her self-reliant to undertake activities related to any kind of work. Behaviour is judged by personal values, motivations

Environmental Mastery: It implies sufficient ability on the part of the individual required to control or manipulate complex environmental phenomenon. Here we are concerned with the environmental mastery related to work. It includes change of environment in a more rational way that is satisfying to individual himself & accepted in the environment as well. It includes ability to change the environment with the help of one's physical and mental activities to advance or to develop ones..When ones gains adequate /sufficient knowledge skills, strategies to tackle wide

range of environmental phenomenon in different contexts, He finds himself in a state of better psychological functioning.

Personal Growth: Full potential of psychological functioning requires not only that one achieve the fully functioning physical growth, but also that one continue to develop one's potential, to grow and expand as a person with the help of this physical & mental growth. The need to actualize oneself and realize one's potential is central to development on personal growth. Personal development includes activities that improve awareness and identity, develop talents and potential, build human capital and facilitate employability, enhance quality of life and contribute to the realization of dreams and aspirations.

Personal growth includes development of characteristics that is widely appreciated & accepted. It includes optimum utilization of personal resources in a way helpful to achieve one's aspiration and goals. No doubt, such person becomes role model for the other person as well. Personal growth includes individual who has got ability to express his internal feelings, intentions, and interests but maintains & improves them also. The concept is not limited to self-help but includes formal and informal activities for developing others in roles such as teacher, guide, counselor, manager, life coach or mentor. When personal development takes place in the context of institutions, it refers to the methods, programs, tools, techniques, and assessment systems that support human development at the individual level in organizations. Personal growth is a very important complex phenomenon that everyone should attempt to inculcate & it is important in every field of life. From the above it is concluded that personal growth is very important for psychological functioning.

Purpose in life: Every one of us has got some purpose in life that provides a sense of direction & involvement in life. Purpose in life has a lot of small goals that one wishes to fulfill in an attempt to strive for the attainment of purpose one has in his life. Purpose in life varies from individual to individual & this is of pivotal importance for effective functioning of psychological wellbeing. The definition of maturity also emphasizes clear comprehension of life's purpose goals in life, such as being productive and creative or achieving emotional integration in later life. Thus, one who functions positively has goals, intentions, and a sense of direction, all of which contribute to the feeling that life is meaningful.

Positive relations with others: This dimension emphasizes the importance of warm, trusting interpersonal relations. The ability to love is viewed as a central component of mental health. Self-actualizers are described as having strong feelings of empathy and effect on for all human beings and as being capable of greater love, deeper friendship, and more complete identification with others. Warm relating to others is posed as a criterion of maturity. Adult developmental stage theories also emphasize the achievement of close unions with others (intimacy) and the guidance and direction of others

Thus, the importance of positive relations with others is repeatedly stressed in conceptions of psychological well-being.

Self-Acceptance: This is defined as a central feature of mental health as well as characteristic of self-actualization optimal functioning, and maturity. Life span theories also emphasize acceptance of one's self and one's past life. Thus, holding positive attitudes toward oneself emerges as a central characteristic of positive psychological functioning. Self-acceptance is acceptance of self in spite of deficiencies.

According to SHEPARD (1979), self-acceptance individual is well contented with himself ,values his ideas ,standards ,morale ,story of past ,has well acceptance for anything associated with his past ,present and is thought to be necessary for good mental health. Self-acceptance involves self-understanding, a realistic, subjective, awareness of one's strengths and weaknesses. It implies individual's acceptance of self for his strengths in comparisons to his weakness. It makes him to feel he is of "unique worth". & has got something he is admired for. He develops certain positive & negative points about himself always accepted ,appreciated for among friends ,relatives & people around him or her .This dimension is also important to contribute towards the development of psychological wellbeing& mental health.

OBJECTIVE OF THE STUDY

- To study psychological wellbeing of employees in public Sector 'in relation to private sector undertakings'.

HYPOTHESIS:

Psychological wellbeing among public sector will be higher as compared to private sector undertakings' in Aligarh.

METHOD

Participants:

The participants included 100 in total selected randomly from different undertakings of public& private sector. In addition to other undertakings ,The private sector participants were selected from Narayana institutes ,Blue Dart, Private Banks located in centre point Aligarh &companies located in Tala Nagri Ramghat Road Aligarh ,. Public sector includes university employees including post office, low profile employees of every kind, Departmental employees, provost office Indian Assurance Cooperative Limited (IACL) located in centre point etc. The complete sample was randomly selected &almost education, gender, age was attempted to distribute equally from both the groups of participants.

Tools used:

Psychological well-being scale: Respondent rates themselves on each item according to a 6-point scale ranging from 1 = strongly disagree to 6 = strongly agree. Higher scores imply high psychological well-being. It consists of 6 distinct dimensions; autonomy, environmental mastery, positive relations with others, purpose in life, self-acceptance, and personal growth. The original scale developed by RYFF (1989) had 20 items contained within each of the 6 dimensions. This has been reduced to 7 items per dimension, and more recently 3 items per dimension. 7 items per dimension scale adapted by Carol Ryff (2000) is utilized for this study. There are three versions of the Ryff's scale, the parent scale is 20-item version, the medium form is composed of nine &7 items, and the short form is composed of three items. The seven -item version for each dimension was used, which has a total of 42 items. Cronbach's alpha was .63 for autonomy, .53 for environmental mastery, .78 for positive relations with others, .73 for self-acceptance, .66 for personal growth, and .74 for purpose in life. Principal component analysis demonstrated one component for each dimension.

Procedure:

The data was collected from different public & private undertakings using psychological well-being scale. The study was exhaustive one as data was collected from large area of *ALIGARH*

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including university campus .A large amount of convincing power helped to collect data from different employees of each undertaking sector. Each sector was motivated that their data will be used only for academic purpose & will be kept confidential.

RESULT

Step wise discriminated analysis by using t-test for each dimension, (N=100, PB=50 AND PVT=50 with d f =98)

Dimensions	GROUP	N	Mean	(SD)	t-value
Autonomy	Public (PB)	50	25.8	3.068	1.6
	Private (PVT)	50	24.5	4.85	
Environmental mastery.	Public (PB)	50	30	3.528	5.34**
	Private (PVT)	50	25.3	5.132	
Personal growth.	Public (PB)	50	30.9	4.249	4.81**
	Private (PVT)	50	27.1	3.655	
Purpose in life.	Public (PB)	50	32.5	3.732	3.22**
	Private (PVT)	50	28.8	7.253	
Positive Relationship.	Public (PB)	50	31.8	3.782	4.42 **
	Private (PVT)	50	25.7	7.838	
Self-acceptance.	Public (PB)	50	28.8	5.087	0.98
Self-acceptance.	Private (PVT)	50	27.9	4.001	

****Significant at 0.01 level**

Mean SD and t-value of employees of Public sector & Private Sector undertakings' employees in Aligarh

Group	N	Mean	SD	t-value
Public sector undertakings'	50	176.50	18.818	2.04*
Private sector undertakings'	50	159.3	16.326	

***significant at 0.05 level**

From the result drawn by applying t-test on the sample of each 50 public & private undertakings', it was found that overall psychological wellbeing of public sector is higher than private sector. Psychological wellbeing as expected was found to be higher in public undertakings' & on discriminative analysis for each dimension of psychological well-being ,it was found that each dimension including, Environmental Mastery, Personal Growth, Purpose in life, Positive Relationship significant difference was found. The result for Autonomy and Self-acceptance was found to be insignificant for public & private undertakings. More significant difference was found in Environmental Mastery followed by Personal Growth, Positive Relationship and Purpose in life.

DISCUSSION

Private undertakings' in Aligarh were found to be comparatively lower than public undertakings' in Environmental mastery that impacts employee morale, productivity and engagement - both positively and negatively. Relatively, Private sector was low in the area of environmental mastery, it includes change of environment in a more rational way that is satisfying to individual himself & accepted in the environment as well. Employees in the public undertakings' sector thus have got more ability to change the environment with the help of their physical and mental activities in an attempt to advance or to develop oneself as compared to private undertakings of Aligarh. Relatively public undertakings has got adequate/sufficient knowledge skills, strategies to tackle wide range of environmental phenomenon in different contexts, employees in the public sector finds themselves in a state of better psychological functioning. Employees in the private undertakings experience difficulty managing their everyday affairs. Change or improve strongly their surrounding context; may be unaware of opportunities around them due to their busy & distressing work schedules and may feel helpless in controlling their external world. Purpose in life for public & private undertakings 'was found to lie in the high & moderate level respectively. It means that public sector employees explained various purposes related to different domains of their life than private undertakings' in Aligarh.

Self-acceptance ; it means acceptance for what one has got in his life .it varies from individual to individual .in fact, everyone has got positive & negative things associated with him&self-acceptance individual has more satisfaction or happiness for whatsoever he has got in his life. He accepts his job, people around or near or dear one to him. He is satisfied for whatever he has achieved in his life .he is more satisfied for who he is. He loves his talents, skills, friends, job, physique etc. in a more desirable manner, thus has got more self-acceptance. Or According to SHEPARD (1979), self-acceptance is an individual's satisfaction or happiness with himself, and is thought to be necessary for smooth run of life. .Employees in either undertaking in Aligarh was found to be equal in their self-understanding, a realistic, awareness of one's strengths and weaknesses. Workers in both public & private undertakings of Aligarh results in an individual's feeling about himself that he is of "unique worth" & in this dimension of psychological wellbeing; it was found that neither of the two sectors differ significantly. Each undertaking of Aligarh accepts their self at their moderate level.

Each of the sectors in the dimension of **autonomy** provides insignificant result. They were nearly found equal at moderate level in Self-determination and independent; able to resist social pressures to think and act in certain ways; regulates behaviour from within; evaluates self by personal standards & these attributes of psychological well-being are present in them only to a moderate level.

So far as **personal Growth** for each sector is concerned, it was found that each of the two differ significantly wherein public undertaking employees scored higher than private undertaking. It indicates that public employees in Aligarh undertake activities that are improving their Personal growth that includes development of characteristics that is widely appreciated & accepted. It includes optimum utilization of personal resources in a way helpful to achieve one's aspiration and goals. No doubt, such person becomes role model for the other person as well. Personal growth includes individual who has got not only ability to express his internal feelings, intentions, and interests but maintains & also improves them .public sector has got more awareness and identity, , build human capital and facilitate employability, enhance quality of life and contribute to the realization of dreams and aspirations.

Positive relationship with others was found higher in public sector employees than private employees with moderate level. The literature on motivational differences between private and public undertaking employees seems to accept that public sector employees are motivated by responsibility, growth, feedback or recognition and opportunities to the high levels of performance, more so than simply earning a good salary (Nell et al., 2001).

It is found that positive relationship with others is higher or strong in public sector undertakings' as compared to private undertakings'. It is found that their motivation & responsibility for work schedules, work duration, produce sense of authority for their duties. Is evident from the collected data, employees in the public sector are positively related towards their family, relatives, friends. It is evident from the data that employees are sincere towards their relatives & it is important to keep in mind that approximately 30% public employees were within the university premises. Employees in the public sector have more stable job or secure career, low job stress, were more experienced and skilful towards their job, a public servant is given a sense of authority for his/her job with not too much interference or disturbance by others. In contrary to this, private sector employees are usually provided with salary not career, not job stability etc.

It was also found that employees in the private undertakings in Aligarh city have low education level that further decreases their relative psychological wellbeing.

SUGGESTIONS

Psychological wellbeing of employees in undertakings of private sector is important for effective performance. Psychological wellbeing is mostly found to be affected by job insecurity & in undertakings of private sector; lower psychological wellbeing is mostly due to job insecurity as is evident due to many studies. **Burch ell (1994)**, on the assumption that job insecurity first of all reduces the psychological wellbeing examined the relationship of job insecurity & psychological wellbeing among 600 bank employees in an individual & found a lower level of psychological wellbeing among individuals who felt insecure about their jobs.

Work performance may also affect psychological wellbeing of employees in different degrees at their respective public & private sector. Comparative psychological wellbeing of private sector was found lower than public sector, **it is found that mentoring is important for psychological wellbeing** of undertakings in private sector. When young people join organization, may need guidance & support from experienced people whom they may admire, can confide in & receive advice from. Such a relationship is called **mentoring**. Mentoring affords an opportunity for an individual to share their concerns & receive moral support & guidance for their development. Mentoring begins when a trusting relationship is developed. Mentoring model behavioural norms for their protégés. They also learn to their personal & job concerns. Help them search for solution to problems, share relevant experiences, respect to their emotional needs without making them dependant on the mentors & cultivate long lasting yet informal personal relationship.

Managers & supervisors need to explore & investigate the problems of employees at their undertakings in Aligarh. He need to deal with the workers strength ,weakness & needs .Managers should attempt to make rationale use of workers strength ,to satisfy his needs .Career planning, succession planning, manpower planning ,role clarity should be made by employees in each sector with adequate training.

In this regard, **lab our welfare** is an important step for the development of psychological wellbeing among private undertakings, giving feeling of satisfaction which even salary cannot. *Lab our welfare should include added facility and amenities as added canteens, rest and recreation facility arrangements for travel to & from work and for the accommodation of workers employed at a distance from their house .these and other services will facilitate the working condition of private employees working. When employees are provided with above mentioned benefits, it will inculcate in them intention or sense of loyalty towards their job & organization.* It will bring work motivation among workers, reduce absenteeism & persuade them towards their jobs in a satisfied manner & they will devote their time towards work as a result production will increase.

Furthermore, workers participation in management considered as a mechanism where workers have a say in the decision making process of an enterprises. Workers should have got suitable privilege for his contribution to industrial development. The experiments of BLAKE, MAYO, and LEWIN& LIKERT popularized the belief that workers given participation in the

management process is beneficial for effectiveness & morale of any undertakings sector. It will ensure individual difference also. Person-focused intervention may also be implemented while keeping in consideration individual differences. For Person-focused intervention, coaching& mentoring is important for development of psychological wellbeing .workers & managers alike develop themselves by interacting with those they like for their job work .they develop themselves by building a trusting relationship with people who nurture, support& guide them.

In conclusion, it needs to be mentioned private undertakings in Aligarh has lower level of psychological wellbeing except autonomy & self-acceptance in relation to public under takings. so important strategies should be further developed for development of psychological well-being at higher level.

LIMITATION

This study was carried out from Aligarh only with a small sample that consists of 100 in total with 50 from each public & private organization.

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Role of Emotional Maturity on Stress among Undergraduate Students

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ABSTRACT:

An attempt was made to study impact of Emotional Maturity on Stress among Undergraduate students. The sample of the study was selected by using the purposive sampling technique. The sample consisted of 150; participant's age range was 18 to 20 years. Emotional Maturity Scale constructed by Yashvir Singh and Mahesh Bhargava (2005) and Stress questionnaire developed by Latha and Satish (1997), was used for data collection. The Simple Linear Regression was used to determine the Correlation as well as Coefficient between Emotional Maturity and Stress among undergraduate students. The findings of the study revealed that a significant impact of Emotional Maturity was found on Stress among undergraduate students. There was also found significant negative correlation between Emotional Maturity and Stress. The result revealed that, when emotional maturity increases stress decreases and when emotional maturity decreases stress increases.

Keywords: *Emotional Maturity, Stress and undergraduate Students.*

INTRODUCTION:

To think affirmative, to live a joyful life, to carry out any event of life, to make particular judgment or to deal with the problems, Emotional Maturity is important. Concerning all these things, this study was carried out on undergraduate Students. Literature indicates the dearth of information about impact of emotional maturity on particularly stress among undergraduate students. Therefore the present study is an attempt in this direction. The objective of the present study: To see the role of emotional maturity on the stress among undergraduate.

Emotional Maturity

Emotional maturity can be understood in terms of ability of self control which in turn is a result of thinking and learning. According to Chamberlain (1960), an emotionally matured person is one whose emotional life is well under control.

In psychology, maturity is the ability to respond to the environment in an appropriate manner. This response is generally learned rather than instinctive. Maturity also encompasses being aware of the correct time and place to behave and knowing when to act, according to the circumstances and the culture of the society one lives in. In an article Anjali (2005) reports that conflicts in family, unbalanced nutrition, less of exercise, separated father and mother, extreme protection and punishment, lack of proper sexual education and hormonal changes are responsible for the stress.

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The emotional maturity consists of five dimensions viz. emotional stability, emotional progression, social adjustment, personality integration and independence.

Emotional stability

It refers to the characteristics of a person that does not allow him to react excessively or given to swings in mood or marked changes in any emotive situation. The emotionally stable person is able to do what is required of him in any given situation. Contrary to it emotional instability is a tendency to quick changing and unreliable responses and is a factor representing syndrome of irritability, stubbornness and temper tantrums, lack of capacity to dispose of problems and seek help for one's day to day problems (Yashvir Singh and Mahesh Bhargava 2005a).

Emotional Progression

Emotional progression is the characteristic of a person that refers to a feeling of adequate advancement and going vitality of emotions in relation to the environment to ensure a positive thinking imbued with righteousness and contentment whereas, emotional regression is also a broad group of factors representing such syndromes as feeling of inferiority, restlessness, hostility, aggressiveness and self-centeredness (Yashvir Singh and Mahesh Bhargava 2005b).

Social Adjustment

Social adjustment refers to a process of interaction between the needs of a person and demands of the social environment in any given situation, so that they can maintain and adapt a desired relationship with environment. Therefore, it may be described as a person's harmonious relationship with his social world whereas, socially maladjusted person shows lack of social adaptability should hatred, seductive but boasting, but liar and shirker (Yashvir Singh and Mahesh Bhargava 2005c).

Personality Integration

Personality integration is the process of firmly unifying the diverse elements of an individual's motives and dynamic tendencies, resulting in harmonious coactions and de-escalation of the inner conflict in the undaunted expression of behavior (English and English, 1958). The disintegrated personality includes all those symptoms like reaction, phobias formation, rationalization, pessimism, immorality etc. Such a person suffers from inferiorities and hence reacts to environment through aggressiveness, destruction, and has distorted sense of reality (Yashvir Singh and Mahesh Bhargava 2005d).

Independence

Independence is the capacity of a person's attitudinal tendency to be self reliant or of resistance to control by others where, he can take his decisions by his own judgment based on facts by utilizing his intellectual and creative potentialities .He should never like to show any habitual reliance upon another person in making his decisions or carrying out difficult actions. A dependent person shows parasitic dependence on other is erotic and lacks 'objective interests'. People think of him an unreliable person (Yashvir Singh and Mahesh Bhargava 2005e).

Stress

Stress is defined as the state of psychological upset or disequilibrium in the human beings caused by frustration, conflicts and other internal as well as external strains and pressures (Mangal, 1984).

Geeta, & Vijayalaxmi, (2006) reported that adolescents with high emotional maturity have better ability of managing, directing and controlling themselves in each and every action thus results in their high self confidence. Stress Intervention is broken down into three steps: primary, secondary, tertiary. Primary deals with eliminating the stressors all together. Secondary deals with detecting stress and figuring out ways to cope with it and improving stress management skills. Finally, tertiary deals with recovery and rehabbing the stress all together. These three steps are usually the most effective way to deal with stress not just in the workplace, but overall. For the managing above mentioned stress patterns individuals are needed to be emotionally mature.

OBJECTIVES:

1. To study the impact of emotional maturity on stress among undergraduate students.
2. To study the correlation between different dimensions of emotional maturity and stress among undergraduate students.

RESEARCH QUESTIONS:

1. Is there any impact of emotional maturity on stress among undergraduate students?
2. Is there any relationship between different dimensions of emotional maturity and stress among undergraduate students?

METHOD

Sample

The sample of the study consisted of 150 undergraduate students, selected from Aligarh Muslim University, Aligarh. A purposive sampling technique was used to select the participants of the study.

Tools

Emotional Maturity Scale

Emotional Maturity Scale constructed by Yashvir Singh and Mahesh Bhargava (2005) was used in the present study. The scale consists of 48 items with five dimensions viz. emotional stability with 10 items, emotional progression with 10 items, social adjustment with 10 items, personality integration with 10 items and independence with 8 items. The reliability of the test by product moment correlation was 0.75. The internal consistency for emotional stability was 0.75, emotional progression was 0.63, social adjustment was 0.58, personality integration was 0.86 and independence was 0.42 respectively and the concurrent validity of the total test was 0.64 as given in the manual.

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Stress Questionnaire

The Stress questionnaire developed by Latha and Satish (1997) consists of 52 items arranged from mild stress (least affecting the everyday affairs), moderate to severe stress (which affects the adjustment and efficiency of the individual). This lists the life experiences based on the amount of change or adjustments one has to make to life rather than the undesirability of events themselves. The item reliability value of the questionnaire was 0.86, the reliability of the test was found to be 0.96 and the content validity was 0.86 as mentioned in the manual of the questionnaire.

PROCEDURE

The scales were applied on the undergraduate students individually, before distributing the respective measures good rapport was established and proper instructions were given to the participants and also ensured for confidentiality; after that, questionnaires were given, participants were taken about half an hour to give their complete responses on the measures and then with thanks data were collected.

Statistical Analysis

In order to meet the research objective Simple Linear Regression and person product moment correlation was applied.

RESULTS

Table-1: Represents Pearson Product Moment Correlation analysis between different dimensions of Emotional Maturity and Stress among undergraduate students.

Correlations						
		Emotional Stability	Emotional Progression	Social Adjustment	Personality Integration	Independence
Stress Level	Pearson Correlation	-.267**	-.173*	-.287**	-.314**	-.326**
	Sig. (2-tailed)	.001	.034	.000	.000	.000
	N	150	150	150	150	150

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Where it was found that Emotional Stability (-.267), Emotional Progression (-.173), Social Adjustment (-.287), Personality Integration (-.314) and Independence (-.326) significantly and negatively correlated with stress level. It means that different dimensions of emotional maturity

Role of Emotional Maturity on Stress among Undergraduate Students

negatively correlated with stress level which indicates that when emotional maturity increases stress level decreases and when emotional maturity decreases stress level increases.

Table-2: Represents Simple Linear Regression analysis, Emotional Maturity as predictor of Stress among undergraduate students.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.356 ^a	.127	.121	11.122
a. Predictors: (Constant), Emotional Maturity				

The above table shows the Model Summary indicating one Predictor of the model, in which correlation between Emotional Maturity and Stress was found to be $R=.356$, and $R\text{ Square}=.127$ which indicates the actual contribution of emotional maturity to stress, the real covariance magnitude of Predictor variable to the Criterion Variable came out 12.7%.

Table-3: Showing the Coefficient details of Emotional Maturity and Stress of undergraduate Students.

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	46.867	4.976		9.418	.000
	Emotional Maturity	-.128	.028	-.356	-4.633	.000
a. Dependent Variable: Stress Level						

The Value of Beta = $-.356$ which indicates that emotional maturity negatively and significantly correlated with stress among undergraduate Students. It means that when emotional maturity increases stress decreases and when emotional maturity decreases stress increases.

The Statistical value mentioned in the table indicates that $t = -4.633$ which is significant for emotional maturity and it shows that emotional maturity has its significant impact on stress among undergraduate students.

DISCUSSION

Finding shows that all dimensions of emotional maturity i.e. emotional stability, emotional progression, social adjustment, personality integration and independence are negatively correlated with stress. It indicates that when emotional maturity increases stress decreases and when emotional maturity decreases stress increases. Whereas emotional stability refers to the uniqueness of a person that does not allow him to react terribly or noticeable changes in any emotional situation, similarly it also helps individuals to tackle the situation accordingly, which is important for dealing with stressful situations. Coping with critical situations emotional progression plays an important role, because it is a quality of a person that refers to a feeling of tolerable innovation and going through vigor of emotions in relation to the environment to ensure a optimistic thinking fill with morality and contentment. Social adjustment refers to a practice of interaction between the needs of a person and demands of the social environment in any given situation; therefore they can maintain and adjust a desired relationship with environment. As a result, it may be clarify as a person's harmonious relationship with his social world. Personality integration is the process of confidently unifying the diverse elements of an individual's motives and lively tendencies, resulting in harmonious coactions of the inner clash in the fearless expression of behavior (English and English, 1958). There is a general consensus that those who express their views fearless, expected to experience low stress magnitude. Independence is the capacity of a person's attitudinal tendency to be self dependent or of confrontation to manage by others where, he can take his decisions by his own judgment based on facts by utilizing his intellectual and creative potentialities. These virtues also lead toward the selection of best possibilities according to their potential. Who deal with the task that is under his/her assessment they will manage it effectively and their will not be any possibility of involving in critical situation.

CONCLUSION

Finally, it is concluded that to deal with stress emotional maturity is necessary. The sample of the study was undergraduate students where it was seen that emotional maturity played major role in managing and responding to every actions of life. Consequently, it is concluded that different dimensions of emotional maturity as well as overall emotional maturity significantly and negatively correlated ($-0.356 > 0.01$) with stress among undergraduate students. It means that who is emotionally mature expected to experience less stress as compare to those who are immature. The persons having emotional maturity are able to self control, feel effectively, socially adjusted, having relational harmony and think independently. Whereas, maturity is the ability to deal with the environment in a proper manner it also helps to tackle critical situations effectively. It is also reported by Wechsler and David (1950) that maturity includes being aware of the appropriate time and place to carry out himself and knowing when to perform. Geeta and Vijayalaxmi (2006) also reported that adolescents with high emotional maturity have better ability of managing, expressing and controlling themselves in every part of actions.

ACKNOWLEDGEMENTS

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The Effect of Marital Locus of Control on Marital Adjustment of Couples

Dr. Javnika Sheth¹

Keywords: *Marital Locus, Adjustment*

INTRODUCTION:

The concept of locus of control:

Locus of control is a concept first developed by Phares (1957) relating to beliefs about internal versus external control of reinforcement. Since the advent of Rotter's social learning theory, locus of control has become an important variable in psychological researches, the construct known as 'locus of control' first came into prominence with the publication of a monograph by Rotter (1966). He also presented the scale to assess locus of control.

Locus of control refers to generalized expectancies of the individual for internal vs. external control of reinforcement. The concept of locus of control describes the degree to which an individual believes that reinforcements are contingent upon one's own behavior.

Internal control refers to the perception of an event as contingent upon one's own behavior, capacities or one's relatively permanent characteristics. External control, on the other hand, indicates that a positive or negative reinforcement following some action of the individual is perceived as not being entirely contingent upon his or her own action but the result of chance, fate, or luck or it may be perceived as under the control of powerful others and unpredictable because of the complexity of forces surrounding the individual (Anastasi, 1988). If we believe that we are the cause of most events, we have a highly internal locus of control. If we believe that most events in our life are caused by luck, fate or powerful others, we have a highly external locus of control. (Morgan et.al.1986).

Marital locus of control: Its operational definition:

Locus of control studies in the context of interpersonal relationship is rather scanty. The empirical studies conducted on locus of control and marriage have centered on the relationship between locus of control and marital satisfaction and stability and problem solving behavior in marriage (Doherty, 1983).

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These studies have revealed weak and inconsistent connection between individual's orientation and specific behavior within the restricted domain of marital interaction probably because of the very general locus of control measures used in these studies (Miller et al., 1986)

Recent reviews of the locus of control literature (Lefciyrt, 1982) have advocated the use of situation specific area locus of control measures for obtaining higher magnitude predictions of behavior. The marital locus of control has been defined operationally in the present study as score obtained by the husband or wife on the Miller marital locus of control scale.

Studies on marital locus of control:

Husain & Grag (1985) studied 68 Hindu married couples residing in different localities of Aligarth city using the Miller marital locus of control scale. Point biserial correlation was calculated to determine the relationship between the scores of husbands and wives on this scale. The analysis indicated a significant positive relationship. The finding supported the similarity hypothesis, suggesting that similarity of personality is a characteristic of happily married couples. The results obtained seem to be promising and the MMLOC appears to be a viable measure to investigate the role of locus of control in the marital relationship.

Bugaighis et. Al., (1983) have studied the relationship between locus of control and marital satisfaction. In their study, older couples, 83 from rural and 98 from urban communities, completed measures of LOC and marital satisfaction. The findings indicated that the greater the internal loc for the wife, the higher marital satisfaction.

Doherty (1981) investigated the relationship between spouses' individual expectancies of internal vs. external control of reinforcement and their levels of marital dissatisfaction. The results suggested that external wives may believe that their dependency needs are not being met sufficiently by their relatively more self-contained internal husbands.

OBJECTIVES:

- 1) To investigate the role of marital locus of control of couples
- 2) To measure the marital adjustment of couples

HYPOTHESIS:

- 1) There is no significant difference between internal and external marital locus of control of couples.
- 2) There is no significant difference between locus of control and marital adjustment.

TOOL AND PROCEDURE:

1. **Population:** According to Gilford, Population consist all the situations, people and objects which have the same characteristics. In the present study, I have select couples (husbands and their wives) from Ahmadabad city.
2. **Sample:** Sample means the random selection of groups from population to get information about population. The sample consisted of 240 couples (120 husbands and 120 wives) from Ahmadabad city in urban area in Gujarat state.

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3. **Variables:** Independent variables : locus of control
Dependent variable: Marital adjustment
4. **Tools:**
 - 1) Miller Marital Locus Of Control Scale – developed by Miller, Lef court and Ware (1983). It consists of 44 items in 6-point Likert type scale format. Its test-retest reliability is 0.83 and validity is 0.69.
 - 2) The marital adjustment Questionnaire (Kumar & Rohatgi, 1987) having 25 yes-no type answers. The index of split-half reliability of MAQ is reported to be 0.70 and the validity against Singh's marital adjustment Inventory is 0.71.
5. **Statistical Technique:** LSD test was applied to know the significant difference between the level of marital locus of control and marital adjustment.

RESULTS:

TABLE: 1 Means and Sample size of marital locus of control Groups

	Internal	External	Total
N	120	120	240
M	19.13	33.32	

TABLE: 2 Results of LSD test on MLOC means.

Pair	Means	Obtained	Level of significance
		Difference	
I:E	19.13: 33.32	14.19	0.01

n=120 couples for df =239, $MS_E=8.39$, $t_{.05}=1.96$, $t_{.01}=2.58$

The factor of marital locus of control has been found significant on marital adjustment score. Mean scores of internal and external groups are presented in table no: 1 and the results of LSD test are presented in table: 2. The closer examination of means and LSD test results in table:2 reveals that the internal locus of control group $M=19.13$ which emphasizes one's own efforts turned out to be less adjusted martially than external locus of control group, $M=33.32$ which emphasizes less on outside forces such as luck, fate, change, etc. It would be seen from these table that the difference between two means is 14.19, which is significant at 0.01 levels.

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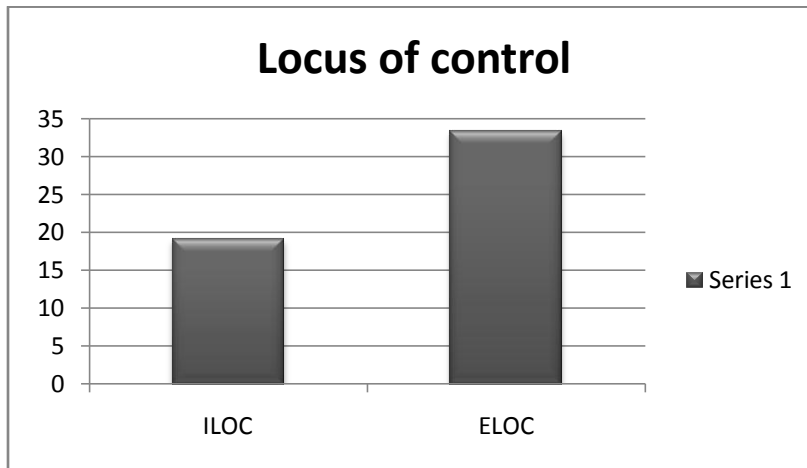


TABLE: 3 Internal effect of MLOC on marital adjustment of couples (husbands and their wives)

		Husband	Wife	Total
ILOC	N	60	60	120
	M	22.84	32.25	
ELOC	N	60	60	120
	M	41.22	18.79	
Total				240

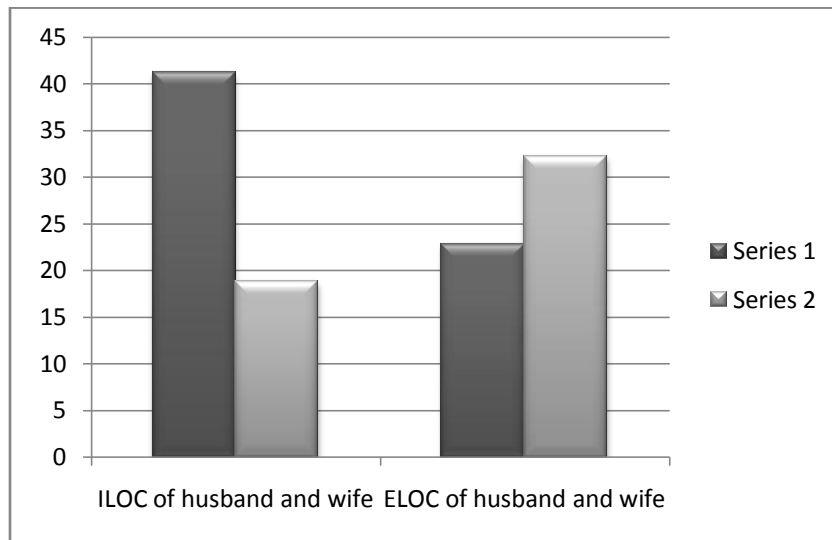
TABLE: 4 Result of LSD test on internal effect of couples

Pair		Means	Obtained	Level of significance
			Difference	
ILOC	Husband: wife	22.84:32.25	9.41	0.01
ELOC	Husband: wife	41.22:18.79	22.43	0.01

n=120 couples for df =239, $MS_E=8.39$, $t_{.05}=1.96$, $t_{.01}=2.58$

It may be seen from table: 3 that the effect of interaction between the variables of marital locus of control and marital adjustment of couples was found to be significant. Internal and external locus of control and husband and wife score also significantly interact each other. It is evident from table: 4 that significant mean difference existed between husband and wife with ILOC, the mean score of internal locus of control with husband, $M=41.22$ and internal locus of control with wife, $M=18.79$. The difference between two means is 22.43 which is significant at 0.01 level. It is also evident from table: 4 that significant mean difference existed between husband and wife with ELOC, the mean score of external locus of control with husband, $M=22.84$ and external locus of control with wife, $M=32.25$. The difference between two means is 9.41 which is significant at 0.01 level.

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DISCUSSION:

The results obtained from statistical analysis of the data, it has been evident that the study has very clearly established the influence of factors viz., marital locus of control and marital adjustment of couples, fulfilling the main aim of the study as indicated by the title of the problem of the study. The results reveals that the internal locus of control group emphasizes one's own efforts turned out to be more adjusted martially than external locus of control group, emphasizes less on outside forces such as luck, fate, change, etc. It is also evident that significant mean difference existed between husband and wife with ILOC and significant mean difference existed between husband and wife with ELOC. Generally it is seen that when the time comes to talk about the marital adjustment, people mostly depend on their destiny, especially for women. Traditionally also it is believed that the marriages are made in heaven and therefore, again its success or failure depends more on the external forces than on internal abilities and efforts, is a common consideration. Even because of this, the adjustment of couples having external locus of control could be better.

CONCLUSION:

Marital locus of control was significant factor to marital adjustment. External locus of control group showed higher marital adjustment in comparison to internal locus of control group.

LIMITATIONS, IMPLICATIONS AND SUGGESTIONS:

As it would be observed from the discussion of results of the present investigation that the study had its own limitations and constraints that would restrict the investigator to draw inferences certainly or world guarantee the inferences in all circumstances. All care has been taken to use more adequate and advanced design and more refined statistical procedures have been utilized in the present study in order to extert more control over extraneous variance and minimize error

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variance have crept in, that might be responsible for some errors even in the present valid and more accurate results, neither totally comparable with nor in full agreement with the general theory of miller marital locus of control scale or sometimes showing dissensions or departures from findings of other relevant contemporary studies. The present study with its better control and methodology supports the theory about the marital locus of control and marital adjustment reveals that there is a significant difference between the external locus of control and internal locus of control. In view of this, it is suggested that future researchers gaining experience from the present as well as earlier studies should continue their efforts to arrive at more information and more accurate results by using still more refined designs and statistical procedures available to avoid the likely error and also taking in consideration or planning beforehand a large sample or sufficient number of subjects in cells.

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A Review on Teen Drug Use: Risks and Protective Factors

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Keywords: *Drug, Protective Factor*

INTRODUCTION:

Drug use and abuse among adolescence is a major issue in a society. Studies have tried to determine the origins and pathways of drug abuse and addiction—how the problem starts and how it progresses. . Many factors have been identified that help differentiate those more likely to abuse drugs from those less vulnerable to drug abuse. Factors associated with greater potential for drug abuse are called “risk” factors, while those associated with reduced potential for abuse are called “protective” factors (NIDA, 1997). Studies have reported various risk factors associated with drug use among adolescents such as early aggressive behavior, disinhibition, peer pressure, drug availability, poverty, substance abuse, lack of parental supervision, attitude towards drug use and intentions to use drugs, negative family atmosphere, school difficulties and psychopathology (Wong, Tang and Schwarzer, 1996 ; Rumpold et al , 2011). Protective factors such as parental monitoring and peer support were found to be associated with less drug abuse (Vitaro, Tremblay and Zoccolillo, 1999; Eggert and Herting, 1991).

The potential impact of specific risk and protective factors changes with age and can affect people of all groups, these factors can have a different effect depending on a person’s age, gender, ethnicity, culture, and environment (Moon et al. 1999; Kumpfer et al. 1998). This review would focus on the various risks and protective factors related to drug use among adolescents under the domain of individual, family, peer, school and community.

Risk factors:

1. Individual domain

Many individual characteristics can predispose a person to use drugs such as gender, age, disinhibition, early aggressive behavior, attitude towards drug use and intention to use drugs.

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Gender:

Many studies have pointed out that male has a greater likelihood of use or abuse of drugs (Schepis, Desai, Cavallo, Smith, McFetridge, Liss, Potenza and Krishnan-Sarin, 2011; Mousavi, Garcia, Jimmefors, Archer, Ewalds-Kvist, 2014).

Age:

Many studies have pointed out that onset of alcohol and drug use usually occurs at adolescence period and associated with heavy drinking and consumption in adulthood. Adolescents start tobacco consumption between 12-13 years, alcohol at 13, cannabis at 14 synthetic drugs at 13 and cocaine between 14 and 15 (Martí, Fernández, & Rodríguez, 2011). Liang and Chikritzhs (2014) found that age at first use of alcohol before 18 years was associated significantly higher risk of heavy alcohol use at follow-up. Adolescents with early drinking onset were more likely to show heavier alcohol use, more drunkenness episodes, and more drug use than adolescents with late drinking onset (Pilatti, Godoy, Brussino & Pautassi, 2013). An increase in lifetime prevalence and lower age for consumption onset were noticed by Ospina-Díaz, Herrera-Amaya, & Manrique-Abril (2012).

Disinhibition:

Behavioural disinhibition (i.e., high novelty seeking, impulsivity, lack of constraint; Sher & Trull, 1994) is associated with drug use. Sensation seeking has been widely implemented as a proxy for trait disinhibition (McCarthy, Miller, Smith & Smith, 2001). Individual differences in behavioral disinhibition are manifestations of underlying central nervous system processes associated with various psychophysiological anomalies, some of which may index genetic risk for substance abuse (Iacono, Carlson, Taylor, Elkins and McGue, 1999). Studies have reported that disinhibition is associated with drug use in adolescents and young adults (Ridenour, Tarter, Reynolds, Mezzich, Kirisci and Vanyukov, 2009; Mousavi, Garcia, Jimmefors, Archer, & Ewalds-Kvist, 2014).

Intention to use drugs and early aggressive behavior:

Intention to use drug can predict drug related behavior (Schlegel, Crawford, & Sanborn, 1977). Child temperament is very crucial factor in determining the future use of drugs. Difficult temperament characterized by aggressive behavior in childhood is closely associated with drug use in adolescents (Torok, Darke, Kaye & Shand, 2014).

Attitude towards drug use:

Attitudes have been hypothesized to influence experimentation with drugs and continued substance use. It was found that initiation into drug use of any substance is preceded by values favorable to its use. Although attitudes of adolescents toward drugs have no direct influence on their drug use, attitudes affect use indirectly, through behavioral intentions. Favorable attitudes increase behavioral intentions which in turn affect the probability of use (Kandel et al., 1978; Krosnick & Judd, 1982; Barnea et al. 1992). In another study, it was found that men had more positive attitudes toward “drug” vignette. The most negative attitudes were found toward “heroin” vignette and the most positive attitudes were found toward the “cannabis” vignette. Results indicated that those who have known a drug user had more positive attitudes (Cem, irakog, lu, Gu“ ler Ic,nsi,2005). In a recent study, positive attitudes towards drugs and impulsiveness are found to predict drug usage in adolescents (Mousavi, Garcia , Jimmefors, Archer, & Ewalds-Kvist, 2014).

Psychiatric illness and co morbidities:

Psychiatric illness and co morbidities in childhood and adolescence are found to be risk factor for later drug abuse/substance abuse. Disorders like ADHD and conduct disorders have found to have strong relation with substance abuse in adulthood (Kousha M, Shahrivar Z, Alaghband-Rad J., 2011). Patients with mental illness are at high risk for substance abuse, and the adverse impact on cognition may be particularly deleterious in combination with cognitive problems related to their mental disorders (Gould,2010). It is also found that childhood adversities, a pre-existing mood disorder, personality disorder, previous nicotine dependence, and alcohol abuse or dependence are associated with drug use (Drazdowski, Jäggi, Borre,& Kliever,2014;Vermeulen-Smit, Ten Have , Van Laar, De Graaf, 2014). Specific mental disorders independently increase the risk of progression to incident drug use among people who were previously abstinent (Harrington, Robinson, Bolton, Sareen and Bolton,2011). Different co morbid disorders were found to significantly affect patterns of drug use (Russell, Newman,&Bland,1994).

2. Family domain

Dysfunctional family:

Children and adults from dysfunctional families and history of childhood traumatic experiences are more prone to drug use and drug abuse. An obedience-instilling parenting style and parents' knowledge and attitude toward drug using and prevention were also identified as important determinants of substance use (Mirlashari, Demirkol, Salsali, Rafiey and Jahanbani,2011). Children of "permissive parents" who are more accepting of drugs and liquor or who leave decisions about them to their teens are more likely to have children who abuse substances. Family conflict and home management problems are found to be contributing factors in drug

abuse risk. Moreover, Paternal alcoholism was an important risk factor in the development of substance abuse problems in adolescence (Vitaro, Tremblay and Zoccolillo,1999). Single-parent and reconstructed families were related to the greatest likelihood of substance use(Scalese, Curzio,Cutrupi, Bastiani,Gori, Denoth,& Molinaro, 2014).

3. Peer domain

Peer pressure

Many studies have been reported that peer pressure is one of the strongest predictors of substance use in adolescents (Kandel,1980; zucker,1979; Rumpold, Klingseis, Dornauer, Kopp, Doering, Höfer, Mumelter and Schüssler ,2011;Jadidi& Nakhaee, 2014). The relationship between peer pressure and drug use was stronger among girls than boys, and also among adolescents in families without fathers or stepfathers. The association between peer pressure and drug use also increased as a function of the level of mother–adolescent distress among adolescents who were not living with fathers or stepfathers. The association between peer drug models and drug use increased as a function of the level of mother–adolescent distress (Farrell, Albert; White, Kamila,1998). Perceived peer attitudes and peer’s drug use behaviours influence adolescents’ drug use (Stanton & Silva, 1992).

Susceptibility to peer pressure emerged as the most important predictor of adolescent alcohol and drug use (Dielman, Butchart, Shope and Miller ,1990); Dielman, Campanelli, Shope and Butchart, 1987; Rather , Bashir , Sheikh , Amin &Zahgeer, 2013).

Peer deviancy and Perceived social norms toward drug use:

Risk for drug abuse is more when adolescents have friends who engage in drug use and problem behavior. Peer norms, generally measured in terms of peer approval of drug use, are positively correlated with peer drug use (Ellickson& Hays, 1992; Newcomb, Maddahian, Skager, &Bentler, 1987). In both genders, peer deviancy in mid-adolescence mediated substance abuse at age 16 (Kirisici, Mezzich, Reynolds, Tarter and Aytaclar, 2009).

4. School domain

School difficulties:

Students that miss classes without telling their parents have higher chances of using tobacco, alcohol, and drugs. (Malta, Porto, Melo, Monteiro, Sardinha,Lessa ,2011).Higher degrees of behavioral and emotional school engagement predicted a significantly lower risk of substance use and involvement in delinquency. Substance use prevention programs and other health-risk reduction programs should include components (i.e., adolescents' participation in and emotional

attachment to school) to capitalize on the protective role of the school context against youth risk behavior(Li , Zhang , Liu , Arbeit, Schwartz, Bowers , Lerner,2011).

5. Community domain

Drug availability:

Community in which he lives plays a big role in determining the drug use. Drug availability increases the risk for drug abuse in the community (Mesic, Ramadani, Zunic, Skopljak, Pasagic, Masic 2013). Favorable attitudes towards drug abuse by the community also increases the drug use (Ahmed, 2005).

Poverty:

Poverty and drug abuse are interrelated problems. There is evidence that poverty is a considerable risk factor for drug abuse and vice versa, but that neither problem would be sufficient, by itself, to cause the other. There are however some clear links. Drug addicts generally use all or a large part of household income in order to buy drugs. One consequence is the pauperization (concerning food security, shelter, education, etc.) of the addict and the people living with him or her. Drug abusers are more often absent from work or work less productively, which can subsequently lead to loss of employment and income. Drugs are used to escape the reality of poverty or deal with the hardship experienced (Kaestner, 1999;Jadidiand Nakhaee , 2014).

Protective factors:

Female gender, high academic achievements and normal family functioning were found to be protective factors for drug abuse (Beato-Fernández, Rodríguez-Cano , Belmonte-Llario, Pelayo-Delgado,2005).A medium financial status and, for females, a satisfying relationship with father were found to be protective factors(Scalese, Curzio, Cutrupi, Bastiani, Gori, Denoth, &Molinaro,2014).Participation in extracurricular activities, Personality traits such as low thrill-seeking behaviour and a propensity for inhibition were found to be protective factors (Schepis, Desai, Cavallo, Smith, McFetridge, Liss, Potenza, Krishnan-Sarin,2011;Vitaro,Tremblay and Zoccolillo,1999).

Consistent with previous findings, perceiving regular marijuana use as a risky behavior functions as a protective factor against the intention to use, use and occasional use of marijuana (Lopez-Quintero and Neumark,2010).

Parental supervision proves to be a protective influence and was found to reduce the risk of substance abuse in children of alcoholic fathers (Vitaro,Tremblay,& Zoccolillo,1999).Parental controls were significantly related to adolescent drug use, with higher levels of control associated with less drug use (Fagan , Van Horn , Hawkins , & Jaki, 2013).Children who come from strict

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homes where parents not only have negative attitudes about drinking and drugs but also monitor their children's academic progress and other activities also have less risk for alcoholism and drugs. Children who attend religious services frequently and/or who believe that religion is important in their lives have lower rates of chemical abuse. One study showed abuse at about 7% for religious teens and 17% for non-religious. Living with both parents is a protective factor for smoking, drinking, and drug use. Family supervision is also important for the prevention of such behavior. Sharing a meal with parents or responsible parties most days of the week and the fact that the parents know what the adolescents have done in their free time are also protective factors((Malta, Porto, Melo, Monteiro, Sardinha,& Lessa,2011).

Anonconflictual and affectionate parent-adolescent relationship insulates the adolescent from drug use and in less alcohol use (Brook et al ,1989). Authoritative parenting style characterized by warmth, support, and clear rules and expectations (as opposed to those that were "authoritarian" or "permissive"), had low rates of adolescent alcohol and drug use (Baumrind, 1985) . Bennett, Wolin, and Reiss (1988) have found that even in alcoholic families, children tended to have better outcomes if the family was able to maintain some order and clear expectations for behavior.

Increased social support through betterment of teacher and peer relationship, increased care giving resources and care giving environment in the school serves were found to be protective factors for drug abuse (Felner et al, 1985; Eggert and Herting, 1991;Benard, 1990).Children who were given the opportunities to plan and make decisions in their preschool environment involved in less drug abuse in adolescence stage (Berrueta- Clement et al, 1984; Schweinhart et al, 1986).

CONCLUSION:

Studies have identified many risks and protective factors for drug use among adolescence but which factors are more detrimental to drug use are not known and hence future studies need to focus on this aspect. It is also evident from the studies that drug abuse is related with multiple areas of life and thus intervention should focus on individual, family, school and community domains.

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The Need for Comprehensive Counselling Services in Institutes of Higher Education in India

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ABSTRACT:

Adolescence is a period of quarter-life transition and college becomes the courtyard for this development. Adolescents, especially college students come to limelight for involving in various antisocial activities, campus violence, ragging incidents, eve-teasing, suicides, and multifarious relationships much more than productive academic pursuits. This has become a great concern for higher education institutions in India. Various government and nongovernment bodies have raised alarm over these untoward adolescent and campus related issues and, highly recommend counselling services in the campuses. However, no comprehensive counselling or guidance program has been drafted by the governing bodies to assist the students or manage adolescences for betterment. Although India has the ancient gurukula tradition which paved the way for a holistic and integral development through education, counselling and wellbeing services have not taken deep roots today in the educational system. This empirical study proposes a comprehensive counselling service for the institutes of higher education by studying the major problems of college students in Tamil Nadu.

Keywords: *Counselling, Higher Education*

INTRODUCTION:

Professional counselling is essentially a process of therapeutic interpersonal interaction, dialogue and communication based on the conviction that each human being has an innate ability to judge and implement the decisions taken concerning life. Therapeutic dialogue has been part of various cultures and religions. In the Bible, a dialogue between Jesus and the Samaritan woman has been identified as therapeutic discourse; Bhagavad Gita has one of the oldest recorded therapeutic dialogues between Krishna and Arjuna in the *gurushetra* which resembles the therapeutic counselling of today. However, professional counselling which focuses on the comprehensive development of a person has yet become popular in Indian scenario.

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Guidance and Counselling is a uniquely American educational innovation, started by Frank Parsons in the early 1900s as vocational guidance. It has developed today into one of the exceptionally essential and integrated services that focus on the complete development of students. In the developed countries it is organized as a series of services involving not only counsellors but also the faculty, administrators, staff and other personnel in the organization. It is designed to maximize learning, stimulate clarity in career choices, and provide timely response to personal and social concerns that inhibit growth and development.

As we learn from the well-organized school and college counselling services of the developed countries, using counsellors to directly support the college's academic mission gains currency today. The Association for School Counsellors in America identifies 3 primary roles: prevention and intervention programs, consultation services and coordination (Gibson & Mitchell, 2003). To achieve maximum program effectiveness, the American School Counsellor Association recommends a counsellor-to-student ratio of 1:250 (Kaplan & Owings, 2010).

The importance of counselling services in the schools and colleges particularly with reference to vocational and career guidance has been emphasised in India since late 1930's when the Acharya Narendra Dev Committee emphasized the need of it (Bhatnagar & Gupta, 1999). However, it did not take roots in the Indian educational system as seen in the Western or Eastern developed countries. Although serious calls for mental health assistance have been raised by various government bodies, they remain inattentive. A study done in 26 colleges all over India by Arulmani (2004) identifies that only six of the lecturers who were in charge of guidance and counselling had a background in behavioural sciences and only three of them were trained in counselling. Similar findings have also been reported by a few other earlier studies (Bhatnagar & Gupta, 1999).

The traditional indigenous *guru-shishya parampara* which emphasises the relationship between the teacher and students, carried out with the sense of responsibility of forming and shaping the young in the *gurukula* has been eroded and lost in the various hegemony of kingdoms, religious invasions and colonization. Today's educational system doesn't bear even the imprints of *gurukula*. Schools and colleges have become more and more commercialised than development oriented (Sahni, 2005). The guidance and the related counselling services, supposedly the powerhouse of wellbeing for students, are apathetically neglected (Shetty, 1996). In the Indian educational scenario counselling is often understood as academic advising or vocational guidance. The very concept of student wellbeing and mental health counselling in the educational sector remains in its embryonic stage, which in turn accounts for the increased number of college students neglecting academic pursuits with an inaccurate and uncertain

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academic goals enter into a variety of workplaces which affects various segments of the society (Janetius, Mini & Chellathurai, 2011).

An emerging major concern and mental health issue among college students is anxiety and depression due to various causes (Ganesh, 2008). Added to that, ragging today has become a notorious practice and offence in the colleges and universities in the camouflage of welcoming and introducing the fresher to the college portals. It has taken such a heartless shape that the central government of India and UGC have repeatedly warned serious action against those who involve in such ruthless and barbaric acts. It is widespread to see students who are tormented and teased take to harm themselves and others (Chopra, 2009; Daily Thanthi, 2008). Besides ragging, use of alcohol, peer pressure for gangs in the college premises have become the dominant culture today (Devraj, 2009; Ram & Sharma, 2005). The increasing number and the effects of broken families and the absence of parental supervision and unethical parental lifestyle have contributed to various campus students misbehaviours (Raj, 2006). Added to that, the lack of respect for authority and poor family interaction with the teachers and authorities lead to the growing trend of violence related campus incidents (Chopra, 2009).

The National Population Policy (2000) has recognised adolescents as an underserved susceptible group that needs to be served by providing assistance and guidance. Universities and colleges are the platforms where adolescents enter adult life. One can rightly say that quarter-life transition takes place in the courtyards of colleges. This quarter-life transition places the adolescents in a critical period of confusion and excitement (Shilpa, 2012). This blend of confusion and excitement in turn influences the overall interpersonal issues and bonds and other life-situations in the college. Thus, this turbulent period, if not guided and supervised appropriately, may result in adversity and misfortunes. Also, this is the period in which the glimpses of their career concerns and the related decision making process emerge which in turn divert them from serving different sections of the society (Mini, 2011). As Erikson points out, this is the period in which young people establish their indelible personal as well as social identity (Erikson, 1968 & 1970).

AIM OF THE STUDY:

In view of the current scenario of students in institutes of higher education, this research is focused on identifying the need for an establishment of a comprehensive counselling service. The specific objectives of the study are:

- To identify the major concerns of college students that need counselling assistance
- To identify the various constrains in offering quality counselling services

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- To prepare a comprehensive counselling program in the Indian higher education scenario

METHODOLOGY:

This qualitative exploratory study was conducted in Tamil Nadu. A research investigator was appointed to the required collect data for the period of nine months. Using lottery method 96 colleges were selected (3 colleges from 32 administrative districts) and 5% students representation from each college was used to gather data. A survey questionnaire was prepared to collect data from students, who were willing to participate. Data from 4824 students were collected, of which 178 were rejected due to incomplete answers and 4646 were chosen for the study. Besides identifying themes and categories from the data collected as per the qualitative analysis, percentage and rank order methods were also used for data analysis.

ETHICAL CONSIDERATIONS:

The code of ethics as adapted by the declaration of Helsinki's 1987 are applied to this research. Therefore, respondents will be protected from mental and physical harms. The investigator was advised and instructed to keep the best interests of the respondents as the foremost concern while collecting data. The respondents were informed that their responses would be kept confidential, and necessary steps were taken for keeping confidentiality. The respondents were also informed that they have the right to know the findings of the study.

RESULTS AND DISCUSSION

The following table shows some of the basic information about the subjects being studied.

Table 1: Background information about the subjects in percentage (n=4646)

Male	Female	Colleges in Rural Setting	Colleges in Urban Setting	UG Students	PG Students	Diploma
47.84	52.16	56.25	43.75	81.08	15.84	3.08

1. Major problems of college students

Nearly 33.02 percentage of the students being studied reported that they were disturbed by one or another problem during the last six months that needed some assistance from others. The significant issues behind this disturbance were identified as: friends (22.75%), economic related issues (21.65%), family problems (19.42%) and love affairs (17.75%). This shows that a great number of students are having some major

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issues that obstruct their focus on studies. The following table presents the top 10 problems of students in percentage reported by them.

Table 2: Top ten problems of the students that need counselling assistance (n=4646)

No	Problems	Percentage
1.	Insomnia	36.11
2.	Feeling of loss	36.09
3.	Inferior feeling	33.03
4.	Lack of self-confidence	28.99
5.	Ill-treatment and harassment by teachers	26.75
6.	Unknown fear in the mind	21.48
7.	Hurt in the inner-self	19.78
8.	Bleak future	18.20
9.	Harassment by classmates and other students	17.97
10.	Disturbing thoughts	16.35

Adolescent period which could be seen broadly up to 22 years of age is a distinctive period in human development. It is a period of major changes in the development of brain, emotions, cognition, social behaviour, and interpersonal relationships (Rosso, Young, Femia & Yurgelun-Todd, 2004). Almost all the major problems identified in the study reflect the overall developmental dilemma and concern of adolescent growth.

The problem that ranks first among college students is insomnia. Nearly 36 percent report this as one of the problems they face as adolescent college students. The major reasons identified by the students are: thoughts about future (36.82%) and, love affairs (26.87). Global studies also identify poor and lack of sleep as a major problem among adolescents and DSM-IV has some diagnostic criteria for adolescent insomnia (Dohnt, et al, 2012). Lack of sleep goes negatively on cognitive functions and other performances and is often associated with poor emotional and physical health problems (Roberts et al, 2000). Regarding the major problems of the students in the wake of infamous ragging incidents all over India, the study identifies more students suffer from ill-treatment from teachers (26.75%) than students who suffer from peers (17.97%).

The various problems faced by the college students lead to three critical situations in which they feel that there is no one to talk (41.19%), yearning for good friends (51.55%) and suicidal tendency (15.45%).

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Table 3: The current mental health situation of the students

S No	Problem	Percentage	Reason for the problem	
1.	Nobody to talk	41.19		
2.	Yearning for good friends	51.55		
3.	Attempted Suicide	12.20		
4..	Suicidal tendency	15.45	Love affair	39.97
			Family problems	18.25
			Thinking about future	16.85
			Other reasons	25.53

The results of the study show a high percentage of suicide attempts (12.20%) and suicidal tendency (15.45%) among college students. The study conducted by Sharma (2008) among adolescent students in south Delhi reports 15.8 percent have thought of attempting suicide, while 5.1 percent had actually attempted suicide. The current study results in Tamil Nadu shows a high rate of suicide attempts compared to their counter parts in Delhi. Love-affairs remain at the top of all reasons for suicide among the study subjects. The various behavioural deviances among students are listed in the table below.

Table 4: Behavioural deviance

		Percentage
1.	Involvement in violent activities	23.05
2.	Antisocial activities	14.50
3.	Smoking	11.75
4.	Pan, Kutka	7.99
5.	Alcohol use	14.15
6.	Narcotic Drugs	6.57

2. Constrains in offering quality counselling services

The study results show that in 96 percent of the colleges counselling services are not available and very few colleges have functional counselling assistance. In some colleges counselling services are integrated with some departments or entrusted with one or another faculty. Therefore, some major constraints in offering quality counselling services come from two ways: 1) No exclusive counselling department to offer services 2) No qualified fulltime counsellors to understand the dynamics of adolescents to offer assistance.

3. Comprehensive counselling program in the Indian higher education scenario

College students are in their latter adolescent period and being forced to respond to many interpersonal, societal problems. These affect their academic endeavours indicated by high rate of unfocused academic pursuits, depression and suicidal tendencies, substance abuse, premarital sex and abortion, tensions with peers, parents, teachers, engaging in gangs, and other violent behaviours. An ideal college counselling program therefore should offer both prevention and intervention services directly and indirectly that intervene in a significant way to enhance the overall academic performance of the students. These services are part of providing quality education for personal growth and sustainable development.

General guidelines for program development and management

- a) **Structures** - qualified full-time counsellors, separate counselling office, rooms with spacious private rooms to conduct counselling sessions.
- b) **Vision, mission** – a well defined vision and mission statement that outline the general orientation to the counselling program.
- c) **Needs Assessment** - knowledge about the needs of the students in the campus by way of regular needs assessment survey and analysis.
- d) **Coordination with other offices in the campus** - regular contact with teachers and administrative office to update statistics about the demographic characteristics of the students like, gender, socio-economic status, dropout rates, academic attitude, achievement level, and classroom climate.
- e) **Customary programs** – besides individual and group counselling sessions, organize on a regular basis various prevention and intervention services, faculty development programs, renewal courses for students, faculty and administrators.
- f) **Consultation and collaboration** - regular consultation with teachers, student deans, administrators and parents for organising various programs for student wellbeing.
- g) **Evaluation** – periodical evaluation is needed to revise, update and effectively implement various activities. Evaluation involves planning and implementation of various activities, assessing practice and the outcome of services offered by the counselling program.

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Proposed Program Components

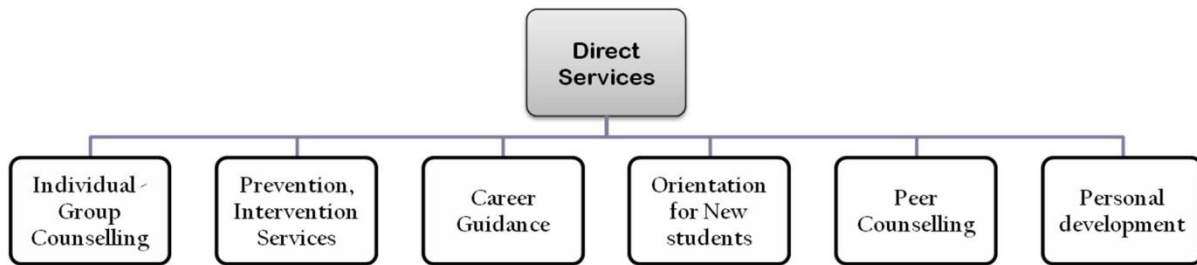


Figure 1: Showing direct services

Individual & group counselling: Individual counselling is the major activity of the counselling centre and it is vital in helping the students. In individual counselling gives privacy and confidentiality. Group therapy allows a counsellor to provide assistance to more students than would be possible otherwise. Group therapy allows students to hear and see how others deal with their problems and can receive vital support and encouragement from other students.

Prevention/intervention services: Prevention is an effort that seeks to avoid the occurrence of something undesirable where as intervention is or remedial is overcoming undesirable developments. With this idea counselling centre can identify various preventions and intervention activities depending upon the various needs of the college. It can be of great help in helping students from smoking, drug abuse and other deviances.

Career guidance: Psychologists identify aptitude and interest as the key to success in any vocation and profession. A good number of students enter into jobs that has nothing to do with their academic background. The career guidance services can help the students in overcoming many of their future worries and decision makings regarding their career choice and profession.

Orientation for new students: When young people enter into college, adjustment to the new environment becomes a major concern. New study habits, relationships, lifestyle... etc are the major contributing factors of anxiety, worry and depression. Proper guidance can be of great help for fresh students.

Peer counselling: Peer counsellors are student volunteers, who receive orientation and available in the classroom to help students in their problems. They are expected to assist the counselling centre by identifying problem students and referring them for counselling services. Peer counsellors expand the counselling centre's services to the classrooms and become a bridge between counselling centre professionals and the students.

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Personal development: The developmental dilemmas of adolescents could be tackled by various programs organized regularly that will help them to create their identity and other human development concerns so that the adolescents can pass the quarter-life transition smoothly.

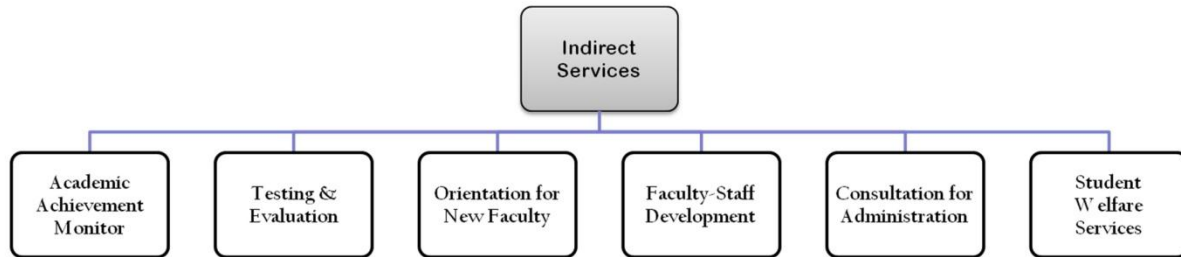


Figure 2: Showing indirect services

One of the major indirect service need to be offered is consultation that is, helping staff, teacher and administrators to become more effective in helping the students to transform as mature individuals. This also may involve parental counselling. Mainly, the teachers undergo enormous pressures related to classroom stress, compensation, and relationships with school officials. Counsellors can serve as a collaborator, colleague, and ally for teachers. Counsellors can use solution-oriented consultation to help teachers not only function better but also to improve attitude and reduce stress. Yet another role of counsellor would be coordination. Counsellor's intervention by means of various indirect services places them as a liaison between students and various other departments.

CONCLUSION

The study conducted in Tamil Nadu identifies the various mental health problems faced by students in the institutes of higher education. The college students who are in a critical transition period of moving from adolescence to adulthood face a lot of adjustment issues, academic problems, personal development concerns, interpersonal conflicts which are part and parcel of adolescent's normal growth and development. The current educational setting fails to meet these demanding development needs of the college students which in turn lead to various problem behaviours and mental health concerns. A comprehensive counselling program can help the adolescents in the critical period of confusion and excitement and make them more productive.

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Stress Evaluation of Dental Clinic Students and Its Related Factors

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ABSTRACT:

Background: Nowadays dentistry has been discussed in the most of the studies as a challenge and stressful fields.

So the aim of this study was to evaluate the stress level of Dental clinic Students and its related factors in the two different periods of time with 5-years interval times.

Materials and methods: This descriptive-analytic cross sectional study was done at the two different periods of times and their results were compared. A questionnaire was given to the all dental clinic students in the middle of the academic term for the 2005-2006 and 2010-2011 years. Data analysis was performed by using SPSS software and consisted of descriptive, chi-square, student t-test and Anova (using Tukey, post Hock comparison and linear regression)

Results: Statistical population of this descriptive-analytic cross sectional study consisted of 124 clinical students included 74 females and 50 males ($P=0.031$) in the first step and 100 students included 61 females and 39 males ($P=0.028$) in second assess. Overall the main stress factors were qualification created by professors of the departments, oral medicine department, exams and grades, restorative department, orthodontic department, large volume of educational materials.

Conclusion: Dentistry and specially it education is a stressful experience and we should try to create a calm environment without the additional stress.

Keywords: dental student, stress factors, department

INTRODUCTION:

Background:

With the improvement of science in recent decades, education and the issues related to it, has had a special place among scientific topics. Stress has been evaluated as an important factor in education.

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The term “stress” describes external demands (physical or mental) on an individual's physical and psychological well-being(Atkinson et al., 1991).

Nowadays dentistry has been discussed in most of the studies as a challenge and stressful fields(Freeman et al., 1995, Naidu et al., 2002).

Musculoskeletal complaints are much in dentists that reporting by them as a psychological stress(Ekberg et al., 1994, Rundcrantz et al., 1991).

The number of studies pay attention to psychological stress and stress-related health problems in the dental population, cause the dental to be as a rather stressful profession(Myers and Myers, 2004, Wilson et al., 1998).The high levels of stress could lead to burnout, with typical characteristics of emotional exhaustion, depersonalization and reduced personal accomplishment in the long period of time(Rada and Johnson-Leong, 2004).dental students experience high levels of stress among training in their educational process, so it can be the cause of this occupational stress(Heath et al., 1999, Westerman et al., 1993, Newton et al., 1994, Rajab, 2001).

Expressing considerable stress symptoms during training of dental student would have some results such as depression, anxiety, substance misuse, absenteeism, diminished work efficiency, and burnout(Heath et al., 1999, Freeman et al., 1995, Kent, 1987, Wexler, 1978, Grandy et al., 1988, Newbury-Birch et al., 2002).

Generally, the most harmful effect of stress is disrupting thinking and learning performance (Grandy et al., 1989, Goldstein, 1980, Akbari et al., 2011).

Studies include many factors that are reported by specific stress factors such as: patient Management; the need to meet academic and clinical requirements; interaction with student colleagues, clinical teachers, and support staff; and relationships with partners, friends, and family or examination and grades, fear of failing or falling behind were the highest ranked stress factors reported for dental students(Heath et al., 1999, Westerman et al., 1993, Rajab, 2001, Sanders and Lushington, 1999, Yap et al., 1996).

Contemporary curricula require dental students to attain diverse proficiencies, including the acquisition of theoretical knowledge, clinical competencies, and interpersonal skills (Kumar et al., 2009).

In fact identification of stress factors for improving quality of dental education is necessary(Polychronopoulou and Divaris, 2009).

Identifying potential stress sources in order to address them effectively is an important issue for dental schools. Clinical and theoretical part of dentistry can be as a strong or a weak stress factor that effect on student training so paying attention to that is necessary in this case.

So the aim of this study was to evaluate the stress level of Dental clinic Students and its related factors in the two different periods of time with 5-years interval times in the Shahid Sadoughi University of Medical Sciences- Yazd, Iran.

METHOD AND MATERIAL:

This descriptive-analytic cross sectional study was done in the two different periods of time. in this study questionnaires were given to the all dental clinic students of the Shahid Sadoughi University of Medical Sciences ,Yazd, Iran in the middle of the academic term for the 2005-2006 and 2010-2011 years.

Already for distribution of questionnaires, students were justified about the protocol. Participation in the study was voluntary and their name remained anonymous.

In the 1th and 2th assess respectively 124 and 100 clinical students participated in the study.

Also the study approved by the medical ethics committee of Shahid Sadoughi University of medical science, Iran, Yazd.

A questionnaire was included demographic data (age, gender, year of undergraduate study) and questions according to a scientific committee on the basis of a DES questionnaire (dental environmental stress) and some stress factors that during a preliminary study had introduced as effective factors on the amount of student`s stress. Also stress level of the various clinical lessons were recorded at 10 questions by students.

Students were asked to assess the questionnaire items as "not stressfull", "somewhat stressful", "quite stressfully" and "very stressful" on a four point likert scale. Data analysis was performed by using SPSS software and consisted of descriptive, chi-square, student t-test, Anova (using Tukey, post Hock comparison and linear regression)

RESULTS:

This study was done in 2steps of the academic term for the 2005-2006 and 2010-2011 years and their results were compared.

Statistical population of this descriptive-analytic cross sectional study consisted of 124 clinical students included 74females and 50 males ($P=0.031$) in the first step and 100 students included 61females and 39 males ($P=0.028$) in the second assess that their difference was not significant. The mean age of the participated individual in first and second steps was 24.49 ± 5.7 and 24.93 ± 4.1 yearsrespectively.

In this study the level of stress in female significantly was higher than males ($P=0.001$) but there was no significant relationship between age and level of stress ($P=0.14$) also with years of education. ($P=0.206$)

Six main stress factors in first evaluation were qualification created by professors of the departments, oral medicine department, exams and grades, restorative department, orthodontic department, large volume of educational materials and in second assess were oral medicine department, exams and grades, qualification created by professors of the department, large

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volume of educational materials, rules and procedures problematic school and orthodontic department. (Table 1)

Table1: The frequency distribution of most stress factors in academic terms in two periods of time

	2005-2006	Percentage	2010-2011	Percentage
1	Qualification created by a professor of the department	75	Oral medicine department	91/8
2	Oral medicine department	71	Exams and grades	72
3	Exams and grades	69.4	Qualification created by a professor of the department	67
4	Restorative department	67.7	Large volume of educational materials	61
5	Orthodontic department	64.5	Rules and procedures problematic school	54.5
6	Large volume of educational materials	63.7	Orthodontic department	53.4

In the first evaluation departments such as oral medicine, restorative and orthodontic were reported as highest level of stress but in second step departments such as oral medicine, orthodontic and endodontic had the highest level of stress. In table 2 has been shown stress level of various departments in dental school. (Table 2)

Table2 : The frequency distribution based on the stress level of various departments of dental school.

	department	2005-2006	2010-2011	P value	Significant difference
1	Oral medicine	71%	91.8%	0.001	↑
2	Orthodontic	64.5%	53.4%	0.127	-
3	Endodontic	62.6%	47.5%	0.028	↓
4	Restorative	67.7%	31.3%	<0.001	↓
5	Pediatric dentistry	42.7%	41.8%	0.539	-
6	Periodontology	25.8%	44.5%	0.007	↑
7	Prosthesis	19.4%	26.1%	0.264	-
8	Radiology	12.1%	27.7%	0.011	↑
9	surgery	28.2%	2.4%	<0.001	↓
10	pathology	12.1%	13%	0.438	-

DISCUSSION:

This study was done to evaluate stress-provoking factors among the dental clinic students and its related factors at the two different periods of times with 5 years interval times in the Shahid Saduoghi University of Medical Sciences, Yazd - Iran. A course based study.

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In each society's attention to corporeal, psychological, society health and providing necessary planning for making healthy life is surety of society for future years.

Since new education or its continuing is a critical and delicate situation in a person's life and usually this period is associated with great changes in human and societal relationships (Roseman et al., 1995). The results of this study support the existing evidence in the literature, indicating that dental students are subject to numerous work-related and academic stressors (Thornton et al., 2004, Grandy et al., 1988, Anders P, 1985, Ng et al., 2003).

Generally can be say some part of this stress is about dentistry field and some of that is due to training part. Stress can lead to depression, anxiety, substance misuse, absenteeism, diminished work efficiency, and burn out (Heath et al., 1999, Freeman et al., 1995, Kent, 1987). So identifying potential stress sources and addressing them effectively is imperative for dental schools.

In this study, beside the common causes of stress, training departments were assessed in the amount of stress. In the first evaluation oral medicine, restorative and orthodontic departments caused more stress whereas in next part oral medicine, orthodontic and endodontic departments have been expressed as major department stressor.

Restorative department was the fourth stressor and second department stressor in first survey but the Stress level of this department ($P < 0.001$), endodontic ($P = 0.028$) and surgery ($P < 0.001$) departments significantly had declined in this five year period whereas endodontic department ranked the third department stressor in second evaluation.

Oral medicine department was the second stressor in the first survey and first stressor in second survey and it was the first department stressor in both evaluations. An exclamation point is that its stress level increased significantly in this interval ($P = 0.001$).

As well as stress level of Periodontology ($P = 0.007$) and radiology ($P = 0.011$) departments raised significantly.

Orthodontic department was the fifth stressor and sixth stressor in first and second survey also second department stressor in both evaluations. The stress level of this department decreased but not significantly during this period ($P = 0.127$).

The stress level of pediatric dentistry ($P = 0.539$), pathology ($P = 0.438$) and prosthesis ($P = 0.264$) departments did not alter significantly.

Actually determination of stress causes by each department requires a more detailed and comprehensive study but it may stress causes in such departments with highest stress level is associated with main stress causes in this study such as qualification created by professors of the department, exams and grades and large volume of educational materials.

Other studies have also been reported gender differences so that female students experiencing more stress than males(Heath et al., 1999, Westerman et al., 1993).same our study that females have a higher level of stress significantly than males. These levels of female dental student's stress have been explained by being related to the social construct of masculinity in which males are less expressive of stress but subsequently more vulnerable to health risks(Sanders and Lushington, 1999). Furthermore ,It has been suggested by Lazarus and Folkman(Lazarus RS, 1984)that ,the way in which students cope with the overall demands of education, rather than the specific demands per se, may be the primary determinant of their psychological distress(Wolf, 1994).Hence, it's not the specific stressor but rather the student management and coping strategy that determine the impact or disturbance caused by the stress.

Also some studies show that the levels of total student's stress remain constant during four or five year program and our study have not shown any difference in level of student's stress during their educational terms.

However others reported a slight increase in overall students` stress levels when they progress towards graduation(Heath et al., 1999, Sanders and Lushington, 1999).

The highest ranked stresses that are reported by dental students are examination and grades, fear of failing that in our study were the first highest level of stress in the both evaluations same the result of Naidu and et al`s study(Naidu et al., 2002) also among six stressors a large amount of training was the sixth in first evaluation and fourth in 2th one.

Humphris et al(Humphris et al., 2002) and Pöhlmann et al(Pöhlmann et al., 2005) presented evidence supporting the association of such aspects of education as examinations and clinical training with student stress.

In this study exam and grades were one of the main stressors in the both evaluations same Naidu and et al`s study(Naidu et al., 2002). Also the large volume of educational materials was in six and fourth grade in the first and second evaluation respectively.

It is essential to find a clearer understanding about a positive academic environment and educational roles that are effective on students` stress perception(Divaris et al., 2008, Victoroff and Hogan, 2006).

Goldstein(Goldstein, 1980) and Bradley et al(Bradley et al., 1989) in their investigations evaluated some factors of specific stress-provoking within the school environment also they did not relate the observed variance in overall stress.

In addition to, in our study one of the most important stresses in both evaluations was the qualification that the professors of departments make it. The Polychronopoulou`s study shows that Faculty and administration would be a worrying factor in big university but a positive academic environment could be an effective factor to reducing student's stress(Polychronopoulou and Divaris, 2009, Divaris et al., 2008).

In this study rules and procedures problematic school defined as the fourth stressor in 2th evaluation like Naidu et al`s study(Naidu et al., 2002) that introduced them as a stressor for dental students in clinical terms.

Rules and management of school can be directly influenced the educational system, training procedures of departments, timing and manner of exams, student assessment, policies to insure the patient, equipment needed and access to appropriate laboratory for students and other factors. These cases were most notable stressors in this study .In addition to Creating a suitable

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environment, Stress management courses and increasing coping skill are the duty of legislators and executives these laws in the dental school.

It's necessary to say maybe some of the regulation of dental education in across the country are obstacle to the measure taken within the academic for upgrading these stressors.

The reconsideration of the existing educational system towards more students central orientation can help collaborative learning and interpersonal support among students which may have a protective influence against difficulties faced in university(KAUFMAN et al., 1982).

Significant differences in a multinational student sample were detected by Pau et al(Pau et al., 2007), and also some of the investigators perceived underlying personality, societal and cultural differences affect as occupationally stressful events(Pau et al., 2007, McCarty et al., 1999, Daniels, 2004).

Therefore, it may be argued that the observed differences should not be solely associated with educational or demographic parameters, but that sociocultural or other extracurricular factors play a role. Thus, may influence on the student's perceiving, reacting, and responding way to stressful events. Along these lines, emotional intelligence(Pau et al., 2007, Naidoo and Pau, 2008) and social support(Muirhead and Locker, 2008) have been identified as important correlates of stress perceptions among dental students recently.

Therewith in this study we used a questionnaire modified based on DES questionnaire, indigenous cultures and to the emphasis on assessing of departments while in other studies generally used in the DES questionnaire(Polychronopoulou and Divaris, 2009) that it Could be due to the differences of some obtained results.

There were always some stress creators that the level of them did not change during this period interval and they were at a moderate grade of provoking items. Stressors such as reduce the number of patients, lack of patient cooperative, time delivery work to the patient ,loss of patient during labor, responsibility for comprehensive treatment, lack of access to some of the dental equipment, lack of access to laboratories, incorrect assessment of student's practical work by professors, disagreement between the professors of the departments for treatment plan and Sufficient time between exams that it's essential to consider interfering of these factors for reducing stress level of students.

Identifying stress factors in different stages of education, especially in the clinical courses are required but it is not enough, after identifying these factors, students and officials should be eliminated these stressor. Because this stress beside the effect on the student's learning and their quality of work, has affected their physical and mental health and quality of their career in the future(Myers and Myers, 2004, Wilson et al., 1998, Grandy et al., 1989, Goldstein, 1980).

A broad spectrum of intervention studies has evaluated such programs for dental students, including specific courses, stress-reduction sessions and so on(Polychronopoulou and Divaris, 2005). as a six year study in the USA which compared the effect of a "relaxed teaching method"

to “traditional approaches” on student performance and well-being in preclinical operative technique courses (Naidu et al., 2002).

A significant benefit to the student well-being in courses using the “relaxed teaching method was reported” (Naidu et al., 2002). This method included the removal fear of course failure, the encouragement of active student/teacher interaction, a reduction of intimidation and confrontation, and a maxi mixing of supportive teaching methodologies.

CONCLUSION:

At a glance, although individual differences are effected in stress receive and its response but dentistry and specially it education is a stressful experience and we must try to create a calm environment without the additional stress and the proper relationship between students and professors, the stress can be used for learning and performance.

Comments: Appropriate management of professors, assessment and exams related to academic context and student ability, Consideration of appropriate educational content with training needs and the ability of students, sufficient time and appropriate programs for examining and taking the appropriate decision for providing the number of patients needed could be having an effective role in reducing these stresses. Also should be to consider learning about ways coping against stress to the dentistry students.

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Positivity in Mental and Physical Health

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ABSTRACT:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Mental health refers to our overall psychological well-being. It includes the way we feel about our self, the quality of our relationships, and our ability to manage our feelings and deal with difficulties. Good mental health isn't just the absence of mental health problems. People who are emotionally or mentally healthy are in control of their emotions and their behavior. They are able to handle life's challenges, build strong relationships, and recover from setbacks. Positive mental health is a state of well-being in which we realize our abilities, can cope with life's normal stresses, and can work regularly and productively. Physical health means a good body health, which is healthy because of regular physical activity, good nutrition, and adequate rest. Physical health can be determined by considering someone's height/weight ratio, their Body Mass Index. Another term for physical health is physical wellbeing. Physical wellbeing is defined as something a person can achieve by developing all health-related components of his/her lifestyle. It can be concluded that mental and physical health is fundamentally linked. There are multiple associations between mental health and chronic physical conditions that significantly impact people's quality of life. Just as physical fitness helps our bodies to stay strong, mental fitness helps us to achieve and sustain a state of good mental health. When we are mentally healthy, we enjoy our life and environment, and the people in it.

Keywords: *Health, mental health, physical health, quality of life and physical wellbeing.*

INTRODUCTION:

Today, we are living in such a scientific era in which development and progress at their high peak but when we see the dark side behind this our overall health is also affecting due to this rapid development and progress, whether it is physical health, mental health or social health. If we analysis the objectives behind our life activity we find that all types of behaviors conducted by us, whether physical behavior, mental behavior or social behavior, is only for the fulfillment of our needs.

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Thus we can say that it is the subject of social thinking that positive aspects should be elaborated in relation to mental health and social health so that we can provide good positive mental, physical and social health to the society. In the absence of any one of these types of health the development, progress, social relations, human behaviors of any country may be affected or disturbed on a large scale.

In the present paper we have focused on mental and physical health in relation to positive and constructive aspects.

In 1948 the World Health Organization (WHO) defined health as ‘a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity’. This definition broke ground for three reasons:

- It is a positive definition, rather than a negative one – health is not merely the absence of illness.
- It recognized various dimensions of health status, including mental, physical and social aspects.
- It included political and social considerations, and was therefore inspirational. For example, well-being might require the elimination of poverty and freedom, enabling people to live in a society with social justice.

However, under this definition it is difficult for very many people to be categorized as healthy. Furthermore, it has been criticized because it is idealistic and utopian (Seedhouse, 1986). In summary, disenchantment with the biomedical model, and an increasing focus on social and psychological influences on health, led to the development of the biopsychosocial model (Engel, 1977).

MENTAL HEALTH AND POSITIVITY

Concept of Mental health

Mental health refers to our overall psychological well-being. It includes the way we feel about our self, the quality of our relationships, and our ability to manage our feelings and deal with difficulties. Good mental health is not just the absence of mental health problems. Being mentally healthy is much more than being free of depression, anxiety, or other psychological issues. Rather than the absence of mental illness, mental health refers to the presence of positive characteristics.

People who are mentally healthy are in control of their emotions and their behavior. They are able to handle life's challenges, build strong relationships and recover from setbacks in their environment but just as it require effort to build or maintain physical health, so it is with mental and emotional health. Improving your mental health can be a rewarding experience, benefiting all aspects of your life, including boosting our mood, building resilience, and adding to our overall enjoyment of life.

Positive Mental Health and its maintenance

Positive mental health is a state of well-being in which we realize our abilities, can cope with life's normal stresses, and can work regularly and productively. Good mental health is the foundation for a person's effective functioning. As a member of the military, familiarity with stress management skills and maintaining a healthy lifestyle can help you reduce depression, prevent a progression to posttraumatic stress disorder (PTSD), and may also reduce the chances of diminished work performance, obesity and injury.

Psychological Wellness

Psychological wellness is not just the absence of mental disorders. It is:

- Being comfortable with ourself
- Feeling good about ourself
- Being able to meet the demands of life situations
- Being able to express emotion in healthy ways
- Being able to cope with the stress of daily life

Our physical health is intimately connected to our psychological wellness. Research shows that our attitude affects our brain, body and emotions. Adopting attitudes that incorporate gratitude, appreciation and love can have a profound effect on our body's health. A positive attitude should be part of our daily wellness practice.

Psychological benefits include enhanced general wellbeing, body image, self-esteem and self-perceptions (Moses et al., 1989); improved general cognitive functioning among older adults reduced emotional distress and reduced depression. It is important to note that physical activity does not simply take away or minimize disease but enhances positive health within individuals. For example, many individuals experience an increase in positive affect and wellbeing after participating in activity. The 'feel good factor' or the 'runner's high' is a common response as to why people exercise and these intense positive emotions can be experienced in acute and chronic forms. Linking to the broaden-and-build theory of positive emotions (Fredrickson, 2001), PA enhances levels of positive affectivity, thereby enabling individuals to build psychological, social, intellectual and physical resources (Kobasa et al., 1985).

Positive and Constructive Factors in Mental Health

Enjoying mental health means having a sense of wellbeing, being able to function during everyday life and feeling confident to rise to a challenge when the opportunity arises. Just like our physical health, there are actions we can take to increase our mental health. Some positive constructive factors can boost our mental health and wellbeing such as:

- *Development of Good Relationship:* We should develop and maintain strong and good relationships with people around us and in our society who will support and enrich our life. The quality of our personal relationships has a great effect on our wellbeing. Putting time and effort into building strong relationships can bring great rewards in relation to positivity in mental health.

Psychological Well-being among public and private undertakings in Aligarh

- *Participation and Sharing of Interests:* We can join a club or group of people who share our interests. Being part of a group of people with a common interest provides a sense of belonging and is good for our mental health.
- *Contribution to Community:* Volunteer your time for a cause or issue that you care about. Help out a neighbor, work in a community garden or do something nice for a friend or relative. There are many great ways to contribute that can help you feel good about yourself and your place in the world. An effort to improve the lives of others is sure to improve your life too.
- *Challenge Yourself:* We can learn a new skill or take on a challenge to meet a goal. You could take on something different at work commit to a fitness goal or learn to cook a new recipe. Learning improves your mental fitness, while striving to meet your own goals builds skills and confidence and gives you a sense of progress and achievement.
- *Dealing with daily Psychological problems:* Be aware of what triggers our stress and how we react. We may be able to avoid some of the triggers and learn to prepare for or manage others. Stress is a part of life and affects people in different ways. It only becomes a problem when it makes us feel uncomfortable or distressed. A balanced lifestyle can help us manage stress better.
- *Rest and Refreshment:* Get plenty of sleep. Go to bed at a regular time each day and practice good habits to get better sleep. Sleep restores both your mind and body. However, feelings of fatigue can still set in if you feel constantly rushed and overwhelmed when you are awake.

Benefits of Good Mental Health

Just as physical fitness helps our bodies to stay strong, mental fitness helps us to achieve and sustain a state of good mental health. When we are mentally healthy, we enjoy our life and environment, and the people in it whether it is personal environment or social environment. We can be creative, learn, try new things, and take risks. We are better able to cope with difficult times in our personal and professional lives. We feel the sadness and anger that can come with the death of a loved one, a job loss or relationship problems and other difficult events, but in time, we are able to get on with and enjoy our lives once again.

PHYSICAL HEALTH AND POSITIVITY

Concept of Physical Health

Physical health can be determined by considering someone's height/weight ratio, their body mass index (BMI), their resting heart rate and recover time after exercise. For humans, physical health means a good body health, which is healthy because of regular physical activity, good nutrition, and adequate rest.

Physical Wellbeing

Another term for physical health is physical wellbeing. Physical wellbeing is defined as something a person can achieve by developing all health-related components of his/her lifestyle.

Fitness reflects a person's cardio respiratory endurance, muscular strength, flexibility, and body composition. Other contributors to physical wellbeing may include proper nutrition, bodyweight management, abstaining from drug abuse, avoiding alcohol abuse, responsible sexual behavior (sexual health), hygiene, and getting the right amount of sleep.

Physical activity (PA) and positive psychology are a match made in heaven – one focuses on the building of happy, fully functioning people (positive psychology) and the other is a tried and tested avenue for creating such positive people (physical activity). Not only does physical activity enhance physical functioning, thereby reducing the risks of disease but it can also make us happier, more energized, confident, self-regulated individuals and even make us smarter (Ratey, 2008). Physical activities help us to maintain a balance between mental and physical health, we can say that it is the unique element of psychophysical wellbeing.

American Indian women in the USA have been shown to hold quite different concepts of health from Western medical views. For example, in her study with Native American women, Canales (2004, p. 420) shows how health is viewed as a balance between mind, body and spirit. If we conclude this study we find that it is just like psychophysical wellbeing.

In an early influential study on lay health beliefs, Herzlich (1973) interviewed eighty middle-class adults living in Paris or Normandy in France. These people were not 'ill' but from a 'healthy' section of the population. Three distinct dimensions of health were clear in her interviews:

- *Health in a vacuum*: health is an absence of illness, and is only paid attention when it is lost through illness of some kind. Here health can be viewed as an objective fact.
- *Reserve of health*: health is seen as a kind of asset which enables a person to resist illness and maintain good health. Thus, it can be spent or renewed. Here health can be viewed as an individual difference, with some people having more of it and others having less. How much health a person has in reserve is viewed as something he or she is born with, but also as something that can change over time.
- *Equilibrium*: health is defined as dependent on positive feelings and good relationships with others. If life is going well, a state of equilibrium is present.

Here, health involves comparison with others to determine whether things are going well and whether life is in balance. This study partially supported the WHO definition of health that health as a complete state of physical, mental and social wellbeing. Generally, if we analyze the structure of health we also find that it is the combination of physical, mental and social wellbeing.

Another study on people's ideas about health in France was conducted by Pierret (1995). In this study, over a hundred people from a range of backgrounds participated in an interview and completed a questionnaire in which they gave information about their health and behavior related to health. Pierret identified four ways in which people talked about health:

- *Health is not being ill*: illness is used as a referent for health. This way of talking about health was used by people from all Socio Economic Status (SES) backgrounds.

- *Health is the most important thing:* the yardstick to compare the rest of life with, people's wealth and capital. This concept was employed by a quarter of the participants, primarily those from lower SES groups.
- *Health as a product:* the view that health depends on behavior, living conditions, social system, and can be controlled. Health was seen as a value in this way by two out of ten people living in urban areas, primarily by older people from higher Socio Economic Status (SES) SES groups.
- *Health as an institution:* health was viewed through social structures and medical institutions, which are responsible for collective health. Young educated participants talked about health in this way.

This study again highlighted how people see health in different ways depending on their social situation. Pierret (1995) concludes by commenting that the right to health is being replaced by an obligation to be healthy. These three views of health are ordered so that we can think about health from absence to presence, from impersonal to personal and from fact to norm (Radley, 1994). Herzlich's study demonstrated that health was more than the absence of illness, and more than the 'opposite of being ill'. It was inherently tied into people's lives, including their social relationships, life events and activities.

Positive and Constructive Factors in Physical Health

Although positive or constructive factors for both types of health are similar yet the following tips may be helpful to maintain a physical health:

- *Balanced Diet and Nutrition:* Health care practitioners will tell you that you have to provide your physical body with high quality fuel if you want it to run properly. Eat a healthy, chemical-free diet high in vital nutrients. Take the herbal and vitamin supplements that will support you in your good health.
- *Adequate Rest:* Get the appropriate amount of uninterrupted sleep you need to engage your REM patterns. REM sleep is your nervous system's way of healing and refueling your body. Also, if you're feeling overly sluggish, take a short nap or sit and rest. Chronic sleep and sluggishness problems should be reported to your health care provider.
- *Focused on Present:* Feelings of regret or worry about a past event or worry and anxiety about an upcoming future event are not only a waste of your precious life time. They also add stress to the body which makes you more susceptible to disease. Stay present and focused on the beauty and gifts this moment is offering you.
- *Physical Exercise:* Exercise is known to help you live a longer and healthier life. The body needs to stay in action and movement.
- *Psychological Exercise:* A healthy physical body includes a sound and sharp mind. Keep challenging your mind to expand, grow, learn experience, decipher, and explore.
- *Yoga and Meditation:* Not only is meditation simple and fun, it also has been known to reduce your heart rate, reduce your stress level, help you become present in this moment, increase your feelings of peace, serenity, joy, and spiritual faith.

CONNECTION BETWEEN MENTAL AND PHYSICAL HEALTH

Mental and physical health is fundamentally linked. There are multiple associations between mental health and chronic physical conditions that significantly impact people's quality of life, demands on health care and other publicly funded services, and generate consequences to society. The World Health Organization (WHO) defines: health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The WHO states that "there is no health without mental health."

The relationship between mind and health is mediated both by our behavior and by biological connections between the brain and immune system. That these connections work in both directions, so our physical health can influence our mental state. All illnesses have psychological and emotional consequences as well as causes. There is nothing shameful or weak about the intrusion of thoughts and emotions into illness. Our social relationships with other people are central to health. That our dualist habit of contrasting mind and body, as though they were two fundamentally different entities, is deeply misleading (Martin, 1997, p. 314). The psychology of health, illness and health care needs to be considered in economic, political, ecological, social and cultural context. (Marks et al., 2000, p. 1)

Strong family relationships are vital to overall health. However, there is no perfect family or perfect relationship. Many military families struggle with common issues. The key to wellness is how you handle problems and support one another. There will inevitably be times when stress, adversity or trauma negatively affects your sense of well-being. During these difficult times, it is healthy, and advisable, to seek support and guidance. Sharing your challenges and problems with someone can lead to greater insight. You may think "how can a therapist understand my spouse and our relationship?" Actually, an outside person can often offer a valuable perspective that can only be gained through objectivity.

Service members and their families may also benefit from educational materials that aid in improving overall health and well-being. The Deployment Health Clinical Center (DHCC), a component agency of the Defense Centers of Excellence for Psychological Health and TBI, provides a list of programs and services that deal with post deployment adjustment, PTSD, combat trauma, military sexual trauma and other mental health issues.

CONCLUSION

In conclusion we can say that health is a state of complete physical, mental and social well-being. Mental health refers to your overall psychological well-being. Positive mental health is a state of well-being in which we realize our abilities, can cope with life's normal stresses, and can work regularly and productively. Good mental health is the foundation for a person's effective functioning. We can construct positivity and boost our mental health and wellbeing by some activities such as development of good relationship, Participation and sharing interests, contribution to community, challenge our self, dealing with daily psychological problems. Just as physical fitness helps our bodies to stay strong, mental fitness helps us to achieve and sustain a state of good mental health. When we are mentally healthy, we enjoy our life and environment,

and the people in it. Physical health can be determined by considering someone's height/weight ratio, their body mass index, their resting heart rate and recover time after exercise. Another term for physical health is physical wellbeing. Physical wellbeing is defined as something a person can achieve by developing all health-related components of his/her lifestyle. Physical activity and positive psychology are a match made in heaven – one focuses on the building of happy, fully functioning people and the other is a tried and tested avenue for creating such positive people. Maintaining physical health means employing preventive practices including good nutrition, exercise, sleep, and regular medical and dental check-ups. Mental and physical health is fundamentally linked. There are multiple associations between mental health and chronic physical conditions that significantly impact people's quality of life, demands on health care and other publicly funded services, and generate consequences to society. The relationship between mind and health is mediated both by our behavior and by biological connections between the brain and immune system. Strong family relationships are vital to overall health whether it is mental health or physical health.

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Loneliness, Depression and Sociability in Old Age

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ABSTRACT:

The elderly population is large in general and growing due to advancement of health care education. These people are faced with numerous physical, psychological and social role changes that challenge their sense of self and capacity to live happily. Many people experience loneliness and depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities. With advancing age, it is inevitable that people lose connection with their friendship networks and that they find it more difficult to initiate new friendships and to belong to new networks. The present study was conducted to investigate the relationships among depression, loneliness and sociability in elderly people. This study was carried out on 55 elderly people (both men and women). The tools used were Beck Depression Inventory, UCLA Loneliness Scale and Sociability Scale by Eysenck. Results revealed a significant relationship between depression and loneliness. Most of the elderly people were found to be average in the dimension of sociability and preferred remaining engaged in social interactions. The implications of the study are discussed in the article.

Keywords: *Depression, Loneliness, Old age, Sociability*

INTRODUCTION:

Aging is a series of processes that begin with life and continue throughout the life cycle. It represents the closing period in the lifespan, a time when the individual looks back on life, lives on past accomplishments and begins to finish off his life course. Adjusting to the changes that accompany old age requires that an individual is flexible and develops new coping skills to adapt to the changes that are common to this time in their lives (Warnick, 1995).

The diagnosis of disease should be complemented by assessment of discomfort associated with symptoms (e.g., pain), life threat, treatment consequences (e.g., side effects of medication), functional capacity and subjective health evaluations (Borchelt *et al.*, 1999). Furthermore, Rowe & Khan (1987) suggested that the health of subgroups of older adults be defined in terms of their status relative to age and cohort norms.

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Depression or the occurrence of depressive symptomatology is a prominent condition amongst older people, with a significant impact on the well-being and quality of life. Many studies have demonstrated that the prevalence of depressive symptoms increases with age (Kennedy, 1996). Depressive symptoms not only have an important place as indicators of psychological well-being but are also recognized as significant predictors of functional health and longevity. Longitudinal studies demonstrate that increased depressive symptoms are significantly associated with increased difficulties with activities of daily living (Penninx *et al.*, 1998). Community-based data indicate that older persons with major depressive disorders are at increased risk of mortality (Bruce, 1994). There are also studies that suggest that depressive disorders may be associated with a reduction in

These difficulties often emerge in older adulthood, increasing the likelihood of depression; yet depression is not a normal consequence of these problems. Studies have found that age isn't always significantly related to level of depression, and that the oldest of olds may even have better coping skills to deal with depression, making depressive symptoms more common but not as severe as in younger populations. Loneliness is a subjective, negative feeling related to the person's own experience of deficient social relations. The determinants of loneliness are most often defined on the basis of 2 causal models. The first model examines the *external factors*, which are absent in the social network, as the root of the loneliness; while the second explanatory model refers to the *internal factors*, such as personality and psychological factors.

Loneliness may lead to serious health-related consequences. It is one of the 3 main factors leading to depression (Green *et al.*, 1992), and an important cause of suicide and suicide attempts. A study carried out by Hansson *et al.* (1987) revealed that loneliness was related to poor psychological adjustment, dissatisfaction with family and social relationships.

OBJECTIVES OF THE STUDY

- Examine the relationships among loneliness, depression and sociability in elderly persons
- Study gender differences with respect to sociability, loneliness and depression.

HYPOTHESES

- There will be a positive relationship between loneliness and depression in old age.
- There will be a negative relationship between sociability and loneliness in old age.
- There will be a negative relationship between sociability and depression in elderly persons.
- There will be gender differences with respect to the variables sociability, loneliness and depression in elderly persons.

MATERIALS AND METHODS

Sample

The sample comprised of 60 elderly persons in the age group of 60-80 years. The subjects for the sample were selected among the older adults of Udaipur. These elderly persons were contacted personally, and the questionnaires were administered to them.

Measures

The revised UCLA loneliness scale (Russell *et al.*, 1980)

The UCLA Loneliness Scale includes 10 negatively worded and 10 positively worded items that have the highest correlations with a set of questions that are explicitly related with loneliness. The revised version of the scale has high discriminative validity. The revised loneliness scale also has a high internal consistency, with a coefficient alpha of 0.94.

Beck depression inventory (Beck *et al.*, 1961)

The Beck Depression Inventory (BDI) is a 21-item self-report scale measuring supposed manifestations of depression. **Sociability subscale of Eysenck personality profiler (Eysenck & Eysenck, 1975)**

Eysenck Personality Profiler (EPP V6) is a multidimensional modular personality inventory for 3 dimensions: Extroversion, emotionality (neuroticism) and adventurous ness (psychoticism). Each dimension has 7 subscales. The sociability subscale of extroversion used in this study consists of 20 questions. The response category is either 'yes' or 'no.' There are 10 positive items and 10 negative items.

PROCEDURE

Initially the participants were personally contacted and rapport was established with them. The participants completed the questionnaires given to them. Standard instructions were written on top of each questionnaire, and the participants were asked to rate themselves under the option they felt relevant to them. It was made clear to the participants that there were no right and wrong answers. If they had any difficulty, they were encouraged to ask questions. After finishing the entire set of questions, they were asked to return the questionnaires. The test administration took about 45minutes.

RESULTS

Table 1 shown above reveals that there are no significant gender differences in elderly men and women with respect to loneliness and depression. Elderly men, however, were found to be more sociable as compared to elderly women.

Variables	Men		Women		t value
	Mean	SD	Mean	SD	
Loneliness	47.43	7.54	45.75	0.73	0.47
Depression	18.74	11.36	22.6	8.50	0.39
Sociability	8.91	2.30	7.20	2.35	0.035

Table 2 shows a significant positive correlation between depression and loneliness, which is significant at the 0.01 level, i.e., there is an increase in the level of depression with an increase in loneliness among elderly men and women. A negative, though insignificant, relationship was found between sociability and loneliness. No significant relationship was found between sociability and depression.

Correlations among loneliness, depression and sociability

Variables	Loneliness	Depression	sociability
Loneliness	1.00		
Depression	0.528	1.00	
sociability	-0.010	0.032	1.00

Table 3 reveals that in the male elderly persons, a significant positive correlation was found between depression and loneliness. Sociability and loneliness were negatively correlated, though not significantly.

Table 3 Correlations among loneliness, depression and sociability (men)

Variables (Men)	Loneliness	Depression	sociability
Loneliness	1.00		
Depression	0.557	1.00	
sociability	-0.118	0.050	1.00

Female elderly persons manifested a significant positive correlation between depression and loneliness, as can be seen in Table 4.

Table 4 Correlations among loneliness, depression and sociability (women)

Variables (Women)	Loneliness	Depression	sociability
Loneliness	1.00		
Depression	0.602	1.00	
sociability	0.165	0.265	1.00

DISCUSSION

The health and well-being of older adults is affected by the level of social activity and the mood states. Researchers have reported the negative effects of loneliness on health in old age (Heikkinen *et al.*, 1995). Loneliness, coupled with other physical and mental problems, gives rise to feelings of depression in the elderly persons. Gender differences have been reported in the prevalence of health problems in elderly persons (Arber & Ginn, 1991). Results in Table 1 reveal that there are no significant gender differences in the elderly persons with respect to loneliness and depression, i.e., both the male and female elderly persons equally experience feelings of loneliness and depression. On the dimension of sociability, men were found to be more sociable as compared to their female counterparts.

This may have been due to the fact that all the elderly men belonged to the working group, i.e., they were employed in government jobs before retirement and were less hesitant in socializing as compared to their female counterparts who were housewives and were spending their lives at home and finding pleasures by engaging in daily chores. Having both the intellectual and social resources allows elderly men to continue to seek out new relationships.

Lack of significant gender differences on loneliness reflects the fact that since both the groups contained elderly married couples, with both partners being alive, the chances of their feeling lonely were low. Moreover, most of the couples were staying with their children and grandchildren, which did not allow them to stay lonely for long. Lack of significant gender differences on depression is contrary to the often held belief and research reports that elderly women are more prone to depression as compared to elderly men (Kessler *et al.*, 1993). This result is not in line with what has been reported in literature. The findings of no significant gender differences with respect to depression may be attributed to the fact that all the women were nonworking ladies before they attained 60 years of age. Hence for them, the transition into old age was less associated with a change in life style associated with a break in ties with others or a sudden loss of power and status. The transition was very gradual, which prevented any abrupt change in mood states.

A positive correlation between loneliness and depression is in accordance with the results obtained in literature with regard to both male and female elderly persons (Green *et al.*, 1992). No significant relationship between loneliness and sociability [Table 2] reveals that despite being sociable, they experienced increased feelings of loneliness. Possible explanation for this may be that feeling lonely not only depends on the number of connections one has with others but also whether or not one is satisfied with his life style. An expressed dissatisfaction with available relationships is a more powerful indicator of loneliness (Revenson, 1982).

Lack of significant relationship between depression and sociability [Table 2] confirms the fact that depression is multicausal, i.e., it arises due to a host of factors, like declining health, significant loss due to death of a spouse, lack of social support. Also most of the elderly persons

had moderate connections with their friends and family members, and they participated in daily activities.

On the basis of obtained findings, the following conclusions can be made:

1. A significant positive correlation exists between loneliness and depression.
2. No significant relationship was found between loneliness and sociability; depression and sociability.
3. Men are found to be more sociable than women.
4. A significant correlation was found between loneliness and depression in both men and women.
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Teacher Education and Total Quality Management (TQM)

Ankit Chauhan¹, Poonam Sharma²

The American Commission on Teacher Education rightly observes,

"The quality of a nation depends upon the quality of its citizens. The quality of its citizens depends not exclusively, but in critical measure upon the quality of their education, the quality of their education depends more than upon any single factor, upon the quality of their teachers."

With changing patterns of education delivery from face to face to online, course content, nature of learner, and organizational structures, the concept of quality has become an inherent component of the educational process for its success. Globally various bodies have been established to develop guidelines for quality products and services, and their maintenance. The globalization of education, migration of students from one community to other, one country to another, provides adequate causes for concerns to the educationists and administrations. Total Quality Management (TQM) in education is a timely tool, which must be clearly understood, adopted and implemented as soon as possible.

Concept of Teacher Education- It is well known that the quality and extent of learner achievement are determined primarily by teacher competence, sensitivity and teacher motivation.

According to NCTE, A programme of education, research and training of persons to teach from pre-primary to higher education level is known as teacher education. It is a programme that is related to the development of teacher proficiency and competence that would enable and empower the teacher to meet the requirements of the profession and face the challenges therein.

According to **Goods Dictionary of Education** Teacher Education means, "all the formal and non-formal activities and experiences that help to qualify a person to assume responsibilities of a member of the educational profession or to discharge his responsibilities more effectively."

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In 1906-1956, the programme of teacher preparation was called teacher training. It prepared teachers as mechanics or technicians. It had narrower goals with its focus being only on skill training. The perspective of teacher education was therefore very narrow and its scope was limited.

As **W.H. Kilpatrick** put it, "Training is given to animals while education is to human beings."

Teacher Education encompasses teaching skills, sound pedagogical theory and professional skills.

Teacher Education = Teaching skills + Pedagogical theory + professional skills.

Teaching skills- would include providing training and practice in the different techniques, approaches and strategies that would help the teachers to plan and impart instruction, provide appropriate reinforcement and conduct effective assessment. It includes effective classroom management skills, preparation and use of instructional materials and communication skills.

Pedagogical Theory- includes the philosophical, sociological and psychological considerations that would enable the teachers to have a sound basis for practicing the teaching skills in the classroom. The theory is stage specific and is based on the needs and requirements that are characteristics of that stage.

Professional Skills- include the techniques, strategies and approaches that would help the teachers to grow in the profession and also works towards the growth of the profession. It includes soft skills, counseling skills, interpersonal skills, computer skills, information retrieving and management skills and above all lifelong learning skills.

Concept of Quality- Quality became very common word nowadays. What actually quality means. It is very familiar term but its meanings and uses vary widely. In general term quality is the position of a 'product' or a 'process' attribute on good, bad scale. It is often associated or linked with defects and deficiencies in products or process. According to Johnson (1987)- Quality is the capability of products or services to knowingly satisfy those preconceived composite wants of the user(s) that are intelligently related to the characteristics of performance, and do not cause major overt or covert reactions or actions by other people.

"Fitness of use" by **Juran**(1974)

"Conformance to requirements." by **Crosby** (1984)

Deming (1986) defines quality as "a predictable degree of uniformity and dependability at low cost and suited to the market."

From the above concepts of quality when two aspects combined together may help in understanding the concept in an optimum way.

Teacher Education and Total Quality Management (TQM)

1. Relates to the features and attributes of the product or services.
2. Absence of deficiencies in the products.

Thus quality can be defined as the totality of features and characteristics of a product or service that bear on its ability to satisfy stated or implied needs. **Alexander Astin** (1993) pointed out in the discussion on quality in education system,

You-cannot-define-it-but-you-know-it-when-you-see-it.

According to him there are four views on excellence in quality higher education-



1. Excellence in reputation
2. Excellence in resources
3. Excellence in content
4. Excellence in outcome

Inculcating Total Quality Management (TQM) in Teacher Education- Teacher education institutes have a important role in improving the standards of educational system by preparing effective teachers. Quality of nation is equal to quality of its citizens. It is not easy to introduce the concept of TQM into teacher education. TQM focuses strongly on the learner and the teacher. It recognizes that all teaching-learning requires ‘process’ that enable learner requirement to be met the ability to meet learner’s requirements is vital. Quality involves everyone including teaching staff no-teaching staff and management.

TQM is a system of continuous improvement employing participative management centered on the needs of customers. TQM is new practices in businesses as well as in government the military and education. So TQM aims at improving the quality of work of all people at all levels in all functional areas of the organization.

Component of TQM-

TQM has five components.

1. The Customer-The customer is anyone internal or external, who receive or is affected by the product, process or services.
2. Continuous Improvement-Continuous improvement is essential to reach the stage of '0' defects.
3. Training and Development- Faculty development should ensure diligent updating at par with state of the art.
4. Team work- Team work is the key to achieve team work.
5. Measurement- Monitoring progress with review of objectives is a necessary corollary.

Objectives of TQM -

TQM has following objectives,

1. Continuous quality improvement and total commitment to quality.
2. User oriented service.
3. Team work, total participation.
4. Give high priority to training.
5. Continuous cost reduction.

Principals of TQM-

According to **Dr. W. Edwards Deming**, TQM has following principles-

1. Embrace new philosophy
2. Drive out fear.
3. Institute leadership.
4. Break down barriers between departments.
5. Remove barriers to pride of workmanship.
6. Human based management.

Six Basic Steps in TQM-

These are-

1. Planning
2. Organizing
3. Executing
4. Evaluation
5. Feed back

6. Bench marking

Process of TQM-

TQM has six stages of better processing.

1. Planning-

Planning for quality concern includes many points such as-

- Aim
- Methods
- Need
- Future role

2. Experiment-

Experiment is concerned with trial version of any planning-

- Policy role
- Future of particular policy
- Proper resources

3. Monitoring-

Monitoring includes-

- Work experiences
- Making corrections
- Detecting problems

4. Assessment-

It includes-

- Assessment of inputs
- Assessment of process
- Assessment of results

5. Improvement-

It is aimed at determining resources of particular concerned issue, concern with the result of above maintained stages.

CONCLUSION-

In all fields, especially education quality has an important matter. Total Quality Management as a necessary element always has a direct influence on the human improvement. It can be also led to high commitment and spirit in work environment. However with the expansion of teacher education institutes the assurance of quality has been challenged which is the basic requirement in knowledge society. Due emergence of knowledge society the need of quality assurance has further multiplied its intensity. The application of quality assurance in industrial sector helps us designing quality assurance strategies for teacher education. i) Maintain ii) Enhancing iii) Ownership iv) Checking quality As a whole quality assurance in teacher education may be ensured by studying its customer than assuring quality at every stage because all these parts are interrelated.

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Socio-Economic Status: A Determinant of Abuse among Rural Adolescents

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ABSTRACT

Child abuse is a social problem which varies from family to family in different cultures and societies. It has indelible effects on physical and psychological wellbeing of a child. The present study was carried out in India on a sample of 310 abused adolescents identified from a larger sample of 1000 from six rural locations using a Personal Information Sheet, a Self-structured Assessment Performa relating to abuse and a Socio-economic Status Scale. Analysis of Variance and t-Test were used to analyze the data. Inferences of the study revealed high prevalence of abuse in the low socio-economic status families. Girls experienced more of emotional abuse irrespective of their socio-economic status. No significant differences in the abuse experienced by younger and older adolescents were recorded in low and middle class families; however the younger adolescents experienced more abuse in high socio-economic status families.

Keywords : Abuse, adolescents, rural, socio- economic status

INTRODUCTION

Child abuse, a perennial problem is recognized differently in different societies. In a country like India, it is a minutely recognized social phenomenon regardless of social strata (Deb, 2006). The roots of child abuse and neglect lie in the structure of family. Though family is a child's first and longest lasting context for development and parents are universally important in the lives of children. But it is still a source of abuse towards children for reasons that parents still believe in physical punishment to discipline the children and they punish them under the mask of behaviour modification. It is a fact that since ancient times, children were and are still in many cultures regarded as property of their parents and are treated according to their parents wish since child rearing and discipline are considered family matters (Walker, Bonner & Kaufman, 1988).

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Since there is no universal standard for optimal child rearing, hence there is also no universal standard what constitutes child abuse. In the Indian context, child abuse was examined by a committee formed at the National Seminar on Child Abuse in India, held under the aegis of National Institute of Public Cooperation and Child Development, New Delhi (NIPCCD, 1988). The concerned committee evolved the definition as “Child Abuse and Neglect is the intentional, non-accidental injury, maltreatment of children by parents, caretakers, employers or others including those individuals representing governmental/non-governmental bodies, which may lead to temporary or permanent impairment of their physical, mental and psychosocial development, disability or death”. However, comparing commonalities among definitions of child abuse from 58 countries (cited in Krug, Dalberg, Mercy, Zwi, & Lozano, 2002) the WHO Consultation on Child Abuse Prevention in the year 1999 drafted the definition as “Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power”.

Etiology of abuse has been viewed in terms of the interplay between individual, family and social factors in relation to both past (e.g. exposure to abuse as child) and present (e.g. a demanding child) events. The parents’ learning history, interpersonal experiences and intrinsic capabilities are regarded as predisposing characteristics presumed to be important contributors to an abusive pattern (Parke and Collmer, 1975). The potential role of the child in provoking abuse is also acknowledged. The conditions under which the child is reared and the methods used by the parents, particularly their punitive methods, may help to explain why some adults are predisposed to abusive behaviour given certain settings (Kewalramani, 1992). The causes of child abuse in Indian families seem to be poverty, lack of educational and health facilities especially in rural areas, wrong perception about the value of education, wrong cultural practices like child marriages, characteristics of the child and the parents, social situation and socialization process (Sharan, 1995; Deb, 2006). Of course, other social settings also influence children's development and behaviour but in power and breadth of influence, none equals the family.

Risk of physical punishment has been reported to be greatest among parents from lower socio-economic status family background and whose own parents were controlling, restrictive and overprotective (Horwood *et al* 2007) whereas middle income parents show more warmth and indulgence (Singh & Khokhar 2005). National Research Council (1993) revealed that children whose fathers are unemployed or work part time are more likely to be abused compared to children of fathers with full time jobs. Those in the lowest income groups have 2 or 3 times greater rates of abuse than upper income group of families. Because people with poor economic background tend to have large families. Consequently, children in these families are deprived of basic minimal facilities that is adequate nutrition, education, health services and care and loving environment. They are brought up in hostile and unhealthy environment and are usually a target for parental stress due to economic constraints.

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Studies reveal illiteracy, unemployment, conjugal discord, lack of attachment and history of victimization in the early life of parents are the aggravating factors for parents' cruelty towards children and socio-pathic family environment (Deb and Senapati, 1993). Economic stress and inadequate educational resources undermine the functioning of parents, particularly mothers and out of such stress emerges child abuse. However, Steinmetz (1978) points out that child abuse can be found in families across the spectrum of socio-economic status. Keeping in mind the above facts and varied view points, the present study was planned with the objectives (1) to determine the differences in the extent of abuse among adolescents from low, middle and high socio-economic status rural families and (2) to find out the age and gender differences in abuse among adolescents with respect to their socio-economic status. It was considered worthwhile to conduct this study in the rural area of the state where no prior work in this area exists. Moreover, more than sixty eight percent (68.84%) people in our country live in villages (Census of India, 2011) and any research study which does not include village as its unit, is not a true representation of the existing situation. Though adolescents form a substantial part of Punjab population but there is practically no information recorded as regards their abuse and hence this study.

METHOD

Study Location: Rural locations of Punjab state in India.

Study Design : Cross-sectional exploratory study.

Sample size : A sample of 310 adolescents was selected based on the extent of abuse experienced by them.

Inclusion criteria : (a) Abused adolescents aged 10-16 years (b) They should be from different socio-economic strata (low, middle and high)
(c) From rural locations of Punjab state

Assessment Tool: A Personal information Sheet, A self- structured Assessment Performa relating to abuse and a Socio-economic status scale.

PROCEDURE

The study aimed at documentation of abuse among adolescents in different socio-economic strata (low, middle and high) in rural locations of Punjab state in India. One block out of 12 blocks of the Ludhiana district in the Punjab state was selected by using simple random sampling

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technique which forms the central part of the district and ten percent of the villages were randomly selected. Following selection of the villages, village leaders viz Sarpanch, President Mahila Mandal, Incharge Anganwari Centre and Principals of the village schools were contacted to establish rapport with the villagers since it was not possible to collect information on such a sensitive issue without having prior contacts with the villagers and taking them into confidence. A survey of the villages was conducted in two phases using a multistage sampling procedure. In the first phase, a larger sample of 1000 adolescents aged 10 to 16 years was drawn and in the second phase, a sample of 310 adolescents was selected for the study based on the extent of abuse experienced by the adolescents which was assessed using a self-structured Assessment Performa relating to physical and emotional abuse among the adolescents. Further, a Socio-economic status scale developed by Kulshrestha (1988) especially for rural areas was used to identify abused adolescents in different socio-economic status rural families. The scale consists of five component variables viz parents' and siblings' occupation and education, economic indicators, cultural and psychological indicators. The reliability and validity of the scale is 0.85 and 0.81, respectively.

Data were collected through personally interviewing the adolescents and focus group discussions and analyzed by using Analysis of Variance and t-Test.

Operational definition

It was imperative to define child/adolescent abuse in the context of the present study relating to rural area of the state since the meaning of abuse varies in different cultures and societies which was done by conducting a pilot study in the selected villages to assess awareness, perception and understanding of parents and adolescents with respect to abuse, by using a self-structured Interview schedule, reviewing relevant literature, and by holding focus group discussions with the adolescents. Thirty families (5 from each selected village) representing different socio-economic strata and having adolescents falling in the age groups of 10-16 years of both the genders (boys and girls), were randomly selected and their opinions and that of their parents and grandparents regarding the use and relevance/irrelevance of various disciplinary techniques were sought. Based on their opinions the abuse was defined as follows.

Acts committed by parents/caretakers with respect to the child which leave physical marks/scars on his/her body as well as the acts which do not leave any physical scars but are equally or more harmful to the child and keep him/her perturbed. Behaviours such as depriving the child of privileges (withdrawal of love, restrictions to play with friends etc.), scolding, verbal abuse, use of physical violence (leading to injuries such as bruises, wounds, bleeding, burns and fracture), attitude of parents towards problems of adolescents, lack of parental interest in child's activities; criticizing, rejecting, authoritarian, reluctant, blaming, discouraging and belittling attitude of parents, were included under the domain of abuse

RESULTS

The differences in the extent of abuse experienced by the rural adolescents from different socio-economic status (SES) families are presented below.

Results of One-way ANOVA in Table 1 highlight the highly significant differences in the extent of cumulative ($F = 15.67$; $p < .001$) and physical ($F = 14.28$; $p < .001$) abuse and marginally significant differences in the emotional abuse ($F = 3.84$; $p < .05$) in different socio-economic strata. It is obvious from the data contained in the Table that abuse is more pronounced in the low socio-economic status families as compared to that in the middle and high socio-economic status families since the mean scores for physical, emotional as well as cumulative abuse are high.

Table 1

Mean scores and ANOVA showing extent of abuse among adolescents from different socio-economic status (SES) families (N = 310)

Abuse	Mean score			Composite mean
	Low SES (N = 103)	Middle SES (N = 150)	High SES (N = 57)	
Physical (P)	101.06	88.14	89.33	92.84
Emotional (E)	48.17	46.55	45.05	46.59
Cumulative (P + E)	149.23	134.69	134.38	139.43
Composite mean	99.49	89.79	89.59	
ANOVA				
Source	d f	M S	F Ratio	
Physical abuse	2	258.21	14.28***	
SES	307	18.08		
Error				
Emotional abuse	2	186.14	3.84*	
SES	307	48.47		
Error				
Cumulative (P+E)	2	374.98	15.67***	
SES	307	23.93		
Error				

* $p < .05$, *** $p < .001$

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Gender-wise comparison of abuse among adolescents from different socio-economic status families is shown in Table 2. There are no significant differences in physical abuse among adolescents from different socio-economic strata. However, with respect to emotional abuse, there are marginally significant differences; the scores of female adolescents being

Table 2

Abuse among adolescents from different socio-economic status (SES) families with respect to their gender (N = 310)

Abuse	Mean (SD) level of abuse among male and female adolescents from different SES families								
	Low (N=103)			Middle (N=150)			High (N=57)		
	Male	Female	t - value	Male	Female	t - value	Male	Female	t - value
Physical (P)	102.46 (16.70)	99.63 (16.83)	0.86	88.89 (14.69)	87.24 (16.69)	0.64	91.55 (12.92)	86.29 (12.98)	1.51
Emotional (E)	46.21 (6.48)	50.16 (8.97)	2.57*	45.48 (6.88)	47.84 (7.36)	2.03*	43.73 (6.35)	46.88 (4.61)	2.06*
Cumulative (P+E)	148.67 (20.71)	149.78 (21.63)	0.27	134.37 (16.45)	135.0 (15.77)	0.26	135.27 (14.92)	133.17 (14.52)	0.53

* $p < .05$,

High on emotional abuse (t-values = 2.57 and 2.03; $p < .05$) with respect to low and middle socio-economic status and scores of male adolescents being more (t-value = 2.06; $p < .05$) in high socio-economic status families.

A perusal of the data in Table 3 relating to age-wise comparison of abuse among adolescents from different socio-economic status families reveals significant differences among adolescents;

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the younger adolescents (10-14 years) from middle (t-value = 2.03; $p < .05$) and high socio-economic status families (t-value = 2.47; $p < .05$) experience more of physical abuse whereas the emotional abuse is more pronounced among older adolescents from the middle socio-economic status families (t-value = 3.18; $p < .01$).

Table 3

Abuse among adolescents from different socio-economic status (SES) families with respect to their age (N = 310)

Abuse	Mean (SD) level of abuse among adolescents of different ages from different SES families								
	Low (N=103)			Middle (N=150)			High (N=57)		
	10-14 years	14-16 years	t - value	10-14 years	14-16 years	t - value	10-14 years	14-16 years	t - value
Physical (P)	101.50 (17.78)	100.39 (15.23)	0.33	89.86 (13.66)	85.25 (13.18)	2.03*	92.35 (14.86)	83.75 (6.00)	2.47*
Emotional (E)	47.35 (8.56)	49.39 (7.06)	1.27	45.15 (6.23)	48.89 (8.06)	3.18**	45.41 (7.62)	44.40 (5.05)	0.53
Cumulative (P+E)	148.85 (22.08)	149.78 (19.71)	0.22	135.01 (15.75)	134.14 (16.77)	0.32	137.76 (16.70)	128.15 (6.47)	2.47*

* $p < .05$, ** $p < .01$

In the overall context, there are no significant differences in the scores received by the younger and older adolescents from the low and middle class families; significant differences are, however, recorded in the adolescents from high status families; the younger adolescents experience more abuse than the older ones (t-value = 2.47; $p < .05$).

DISCUSSION AND CONCLUSION

It is apparent that abuse is prevalent in all the social classes but the adolescents from the low socio-economic status families experience the maximum abuse as compared to those from the middle and high socio-economic status families. These inferences are supported by the results of various earlier studies conducted in India and abroad where such conclusions were drawn (Garbarino, 1976; Gelles, 1973; Grewal, 1982; Khanna, 1987; Mahajan & Madhurima, 1995; Nain, 1985; Prasad, 2001; Reid & Taplin, 1976; Suneet, 1983; United States Department of Health and Human Services, 1981). Kewalramani (1996) also points out that a large number of physically abused children (about 60 %) belong to poor families and only a small proportion (about 2 %) belong to well to do families. Chawla (2011) also reported that parents from low socio-economic status families are more punitive and exhibit severely harsh attitude towards their adolescent children compared to parents from middle and high socio-economic status families. Research has consistently shown that parents with low incomes and less access to resources have poorer socialization practices and less authoritative parenting styles, compared to more financially well-off parents (Magnuson & Duncan 2002).

There are also considerable number of reports contradicting the negative relationship between the abuse and the socio-economic status. Nath and Kohli (1988), Steele and Pollock (1974) and Suneet (1983) opine that since abuse occurs at all levels of socio-economic system hence it is difficult to consider a social class as a cause of child abuse. Moreover, Berger (1980) reports that socio-economic class of the abusing families is a factor which differs across the studies. However, the pressures associated with undesirable economic change like low or unpredictable income, material deprivation and lack of social status due to job loss, may increase the likelihood of family tension, produce feeling of frustration and anger which may be displaced onto the child (Steinberg, Catalano & Dooley, 1981). The observation that the children from poor families suffer more from abuse may also be due to the fact that the parents in the middle and upper classes are more capable of concealing the abuse because of availability of resources. Also the fact that some researchers have taken into consideration only the physical abuse with respect to socio-economic status rather than the total (physical and emotional) abuse, which may also be responsible to show more abuse in poor families.

Female adolescents score high on emotional abuse. This may be attributed to the fact that adolescence is a very sensitive phase of human life and it is a transitional stage between childhood and preparation for adulthood roles. Apart from physical development, adolescent years are characterized by significant psycho-social development which has long lasting effects on the attitude and behaviour of adolescents hence they are perturbed easily and frequently. Literature also reveals that in the area of emotional abuse, the incidence rates increase gradually with increasing age for both the sexes (Smith, 1995). Whereas Prasad (2001) opined that younger children are at the greatest risk for physical abuse though the peak ages for such abuse vary from country to country (Krug et al., 2002). An overwhelming majority of respondents have been reported to be resorting to physical violence while dealing with younger generation (Mahajan

and Madhurima, 1995). However, Kewalramani (1996) revealed that older children are more abused physically than younger children. In a study conducted in Yemen by Alyahri and Goodman (2008), more than half of the rural caregivers and about a quarter of the urban caregivers reported using harsh corporal punishment (hitting children with implements, tying them up, pinching or kicking them) with their children. Harsh corporal punishment was significantly associated with poor school performance with both behavioral and emotional difficulties. More boys compared to girls experienced harsh corporal punishment due to their annoying behavior. In a multi-level stratified random school-based survey conducted in China, results revealed that 22.30 per cent boys experienced more severe forms of physical punishment whereas girls experienced mild form of aggressive behavior such as yelling, scolding and slapping by their parents (Wang *et al* 2009).

Findings of the present study suggest that though abuse is ubiquitous in all the socio-economic classes (low, middle and high) but its prevalence is more in the adolescents belonging to poor families (low socio-economic status families). Though gender and age of the adolescents do not matter in the overall context of the abuse but significant differences do occur when the two components of abuse, that is physical and emotional, are considered separately. Girls are more prone to the emotional abuse irrespective of the social class and the older adolescents are more abused emotionally as compared to their younger counterparts. Considering the physical abuse, the younger adolescents are more abused than the older ones.

Hence, there is a dire need to educate the parents regarding appropriate child care and rearing skills by organizing trainings, seminars and through media so that our young generation does not become the target of parental stress and is not deprived of their rights and privileges.

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Impact of Social Support on Life Satisfaction among Adolescents

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ABSTRACT

The aim of this study was to find out the relationship between social support and life satisfaction among adolescents. The sample consisted of N=80 participants. Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988) and Satisfaction with Life Scale (SWLF) prepared by Diener et al. (1985), were used to collect the data. The Simple Linear Regression and Pearson Correlation were used for data analyses. The findings of this study revealed that, there is positive and significant relationship between social support and life satisfaction of adolescents. Further this study indicates that social support influences life satisfaction of adolescents. This study may have its own significance in managing psychological distress and optimizing life satisfaction to adolescents at large.

Keywords: Social Support, Life Satisfaction and Adolescents.

INTRODUCTION:

Social Support

The concept of social support has been widely used by the investigators such as social bonds (Henderson, 1977), social networks (Mueller, 1980), meaningful social contact (Cassel, 1976), availability of social confidants (Brown et al., 1975), and human companionship (Lynch, 1977). Cobb (1976) defined social support as, "Information leading the subject to believe that he is cared for and loved, esteemed and a member of a network of mutual obligations." Cohen and Syme (1985) conceptualised social support as the existence of people on whom we can rely, people let us know that they care about, value, and love us. House (1981) defined social support "as an interpersonal transaction" involving one or more of the following features:

- (I) Emotional concern (liking, love and empathy).
- (II) Instrumental aid (goods or services).
- (III) Information (about the environment).
- (IV) Appraisal (information relevant to self-evaluation).

Social support develops strong interpersonal relationship among the people, which play significant role in practical life. Shumaker and Brownell (1984) argued that supportive behaviour as "an exchange of resources between two individuals perceived by the provider or the recipient to be intended to enhance the well-being of recipient." These attractions tend to be viewed as supportive when they are intended to gratify people's need (Thoits, 1982).

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Forms of Social Support

Researchers identified various forms of social support in relation to different context. Because of people require specific type of support in specific situation. The major categories of social support proposed by the investigators as: informational, tangible, emotional, esteem, appraisal, instrumental and social network support (Schaefer, Coyne, and Lazarus, 1981; Weiss, 1974).

Sources of Social Support

Social support constitutes from a variety of sources, including: family, friends, romantic partners, pets, community ties, and co-workers (Taylor, 2011). It can be natural or more formal (Hogan, Linden, and Najarian, 2002). The source of the social support is a significant determinant of its effectiveness as a coping strategy. Support from a romantic partner is related with health benefits, especially for men (Kiecolt-Glaser, Newton, 2001). Jackson conducted one study and found that support from spouses buffered the negative effects of work stress; it did not buffer the association between marital and parental stresses, because the spouses were implicated in these situations. Additionally, he found that social support from friends did provide a buffer in response to marital stress, because they were less implicated in the marital dynamic. Repetti, Taylor, and Seeman (2002) found that early familial social support showed important for children's abilities to develop social competencies and supportive parental relationships with children have also had benefits for college-aged students (Valentiner, Holohan, and Moos 1994). Researchers suggest that social support positively predictor to psychological well-being, eventual completion of formal education, work-career achievement, and marital stability (Furstenberg and Crawford, 1978; Garbarino, 1982; Wandersman and Wandersman, 1980; Zuckerman, Winsmore, and Alpert, 1979).

Life Satisfaction

According to Webster's dictionary (1996) satisfaction with one's life refers to acceptance of life circumstances and the fulfilment of wants and needs for life as a whole. Diener et al. (1999) defined life satisfaction as a desire to change one's life, satisfaction with past, satisfaction with future, and significant views of one's life. Sumner (1996) argued life satisfaction as "A positive evaluation of the conditions of your life, a judgment that, at least on balance, it measures up favourably against your standards or expectations".

Neugarten et al (1961) proposed two approaches of life satisfaction. One refers to the overt behaviour using social criteria of success, or competence, and second is an individual's own interpretation and evaluation of his/her present and past life. Life satisfaction also refers to the attitudes that individuals have about their past, present as well as future in relation to their psychological well-being (Chadha & Willigen, 1995). Shin and Johanson (1978) suggested life satisfaction as "a global assessment of a person's quality of life according to him chosen criteria".

LITERATURE REVIEW

Wenk et al. (1994) in their study found that the both girls and boys feeling about close to their father had a significant positive effect on life satisfaction. Grossman and Rowat (1995) conducted study among a group of Canadian adolescents and found that perceived poor parental relationship, and not family status, was related with least life satisfaction. This finding also supported by similar study which conducted by Heaven et al. (1996) among Australian

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adolescents, where perceived family functioning was found to be positively related with life satisfaction, self-esteem, and extraversion, and negatively related with neuroticism and psychoticism.

Baker et al. (1992) conducted study among 844 people with chronic psychiatric illness receiving community support services, case management service, as one type of social support, and reported the improvement of participant's subjective overall life satisfaction over the nine months period. Therefore, the increase of social support was related to the increase of subjective overall life satisfaction.

Earls and Nelson (1988) reported that frequency of actual social support was related with people's life satisfaction for psychiatric illness. On the other hand similar result was found by Turner and Noh (1983) whereas perceived social support was correlated with psychological well-being among the people with psychotic mental illness.

In the light of past research, it is found that social support and life satisfaction are highly related to each other. Social support showed practical as well as clinical significance to enhance overall well-being and to manage psychological as well as physical disturbances. Although, it is very important to mention that life satisfaction with the consideration of social support among adolescents have been widely studied in the western countries but have lack of research in Indian context among the adolescents. Because of Indian living discipline are quite different from west. This real fact made the attention of investigator towards the present research investigation.

OBJECTIVES OF THE STUDY

The main objectives of the present research are as follows:

1. To determine the relationship between social support and life satisfaction among adolescents.
2. To determine the influence of social support on life satisfaction among adolescents.

HYPOTHESES OF THE STUDY

In the light of relevant literature the following hypotheses were formulated:

H-(1) There will be significant positive relationship between social support and life satisfaction among adolescents.

H-(2) There will be significant influence of social support on life satisfaction among adolescents.

SAMPLE OF THE STUDY

In the present investigation a sample of 80 male students (age 18 to 25) were selected by simple random sampling techniques from Aligarh Muslim University, Aligarh.

TOOLS USED

The two different scales namely; Multidimensional Scale of Perceived Social Support and Satisfaction with Life Scale, were used for data collection. The brief description of the scales used in the present study is presented in the following manner.

Multidimensional Scale of Perceived Social Support

This scale was developed by Zimet, Dahlam, Zimet and Farley (1988). This scale consisted of 12 items. Minimum and maximum score ranges between 7 to 84. The internal consistency and test-retest reliability of this scale were found to be 0.88 and 0.85 respectively. The validity of this scale also found to be quite satisfactory.

Satisfaction with Life Scale

This scale was developed by Diener, Emmons, Larsen, and Griffin (1985). This scale consisted of 5 items. Minimum and maximum score ranges between 7 to 35. Higher score indicates more satisfaction. The test-retest reliability was found to be 0.82. The Cronbach's alpha was found to be 0.87.

PROCEDURE OF DATA COLLECTION

Good rapport was established with participants before requesting to fill up the questionnaire and then instructions were invariably explained to the participants. After that questionnaires were distributed individually. Subjects were assured of confidentiality of their responses and were requested to extend their co-operation. Finally questionnaires were collected from all the participants, scoring done and analyses were carried on.

STATISTICAL ANALYSES AND RESULTS

Table-1: Represents Pearson Correlation between Social Support and Life Satisfaction among Adolescents.

Correlations			
		Social Support	Life Satisfaction
Social Support	Pearson Correlation	1	.454**
	Sig. (2-tailed)		.000
	N	80	80
Life Satisfaction	Pearson Correlation	.454**	1
	Sig. (2-tailed)	.000	
	N	80	80

** . Correlation is significant at the 0.01 level (2-tailed).

The above table indicates that social support positively correlated with Life Satisfaction (.454) at the 0.01 level of significance (2-tailed). Thus, the first underlined hypothesis of the present investigation that (“there will be significant positive relationship between social support and life satisfaction among adolescents”) is proved.

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Table-2: Represents Simple Linear Regression analysis, Social Support as predictor of Life Satisfaction among Adolescents.

Model Summary				
Model	R	R Square	Adjusted R Square	R Square Change
1	.454 ^a	.206	.196	.206

a. Predictor: (Constant), Social Support

The above table shows the model summary indicating one predictor (social support) of the model, in which correlation between social support and life satisfaction was found to be $R=.454$. Further R square change was found to be .206 which represents the 20.6% actual contribution of predictor variable (social support) to criterion variable (life satisfaction).

Table-3: Showing the Coefficient details of Social Support and Life Satisfaction among Adolescents

Coefficients ^a					
Model		Unstandardized Coefficients		Standardized Coefficients	
		B	Std. Error	Beta	
1	(Constant)	11.526	2.437		4.731
	Social Support	.180	.040	.454	4.501

a. Dependent Variable: Life Satisfaction

The above table indicates that the value of $\beta=.454$ shows the social support positively related with life satisfaction of adolescents. The t-value found to be 4.501, which was significant at 0.01 level for social support. Thus, the second underlined hypothesis of the present investigation that (“there will be significant influence of social support on life satisfaction among adolescents”) is proved.

DISCUSSION

The above obtained findings clearly indicate that social support positively related with life satisfaction. It also shows that social-support emerge as a predictor of life satisfaction. These

findings supported by various research findings such as; Baker et al. (1992) conducted study among 844 people with chronic psychiatric illness receiving community support services, case management service, as one type of social support, and reported the improvement of participant's subjective overall life satisfaction over the nine months period. Therefore, the increase of social support was related to the increase of subjective overall life satisfaction. Further, Earls and Nelson (1988) in their study also found that frequency of actual social support was related with people's life satisfaction for psychiatric illness. Thus, social support has good significance in practical life; it could serve as a guide to enhance adolescent's overall life satisfaction and remove mental, emotional, behavioral, and physical distress.

LIMITATIONS OF THE STUDY

It is universally accepted that every research study have its own limitations especially for social sciences research. It could not possible for any researcher to cover whole area of a particular research in one study. Research process is also learning process for researcher in which, researchers clarify their concepts and improve methodological issues for further research study in future. Thus, like other research study the present study also have its own limitations. The size of the sample of this study is limited, which develops limitation towards the generalization of findings of the present investigation. This research study was conducted on only male adolescents, and neglected female adolescents for participation in this investigation. The present investigation confined with only adolescents age group, not to whole of male as well as female age group. This limitation of the present investigation again brings limitations on the generalizations of the present findings.

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Internet Addiction and Personality Traits among Youths of Rajkot District

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ABSTRACT

The purpose of present study was to find out correlation between the youths' Internet Addiction and Personality Traits. The said sample was 120 both males and females in equal numbers was selected through random sampling. Internet Addiction Inventory & Personality Traits Inventory are tailor-made instruments, having sufficient reliability and validity. For the purpose of analysis, The Karl-Pearson 'r' technique was used. Present study reveals the result that there is no significant Negative correlation between the youths' Internet Addiction and Personality Traits. The authors suggest that there is a need to explore the rural and the urban youths' correlation in the line of above study.

Keywords: *Internet Addiction and Personality Traits*

INTRODUCTION:

Concept of internet addiction was first coined by Goldberg (1996) and by following DSM IV addiction criteria it was defined as "very strong desire or urge for using the internet" (Aboujaoude et al., 2006; Block, 2008; Korkeila et al. 2009). Internet is a technological tool which makes our life easier and has become an indispensable part of it while its number of user population increases faster each day (Isman and Dabaj, 2004; Yapici, and Akbayin, 2012). Although internet plays an indirect role on these issues, internet addiction affects these issues directly (Akin, 2012; Young, 1998).

Young (2006) stated that internet is one of the things that influence our daily life because internet users more likely to spend their leisure time in the cyber community. Mythily, Qiu and Winslow (2008), Singapore is a multicultural city-state with a total resident population of just over 3.5 million people, the literacy rate of Singaporeans is 95.4%. Result show that 84% of the resident with age 10 to 14 years age have started to use the internet, while the internet use for the age of 15 to 59 is 64%. Besides that, 21% of Singaporean with 60 years and older age group has used the internet. Furthermore, 78% of household in Singapore have at least one computer no matter is desktop or laptop at home and the 71% of household have access to the internet at home. The most important thing is 61% of the individuals are using the internet for leisure activities including playing/downloading games, listening to music or watching films.

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Feel the necessity for using the internet in an increased proportion in order to get the satisfaction they desire (Lee and Shin, 2004); fail in their attempts to control, reduce or give up their internet usage (Widyanto and Griffiths, 2007). Furthermore social sharing sites like Facebook, Twitter, online games and online gambling causes an increase in the number of internet addiction cases and it is stated that internet addiction will become a serious problem in the near future (Andreassen et al., 2012; Herrera et al., 2010; Teke, 2011).

However, there has been the different point of views on the dimensions and definitions of the Big Five (Goldberg, 1993). A well-accepted personality dimensions include Emotional Stability, Extraversion, and Openness to Experience, Agreeableness, and Conscientiousness (Costa & McCrae, 1995; Goldberg, 1993; Judge et al., 2002; McCrae & Costa, 1989; Saucier, 1994). According to Goldberg (1993), Emotional Stability (ES) refers to those who are self-reliant, stable, and adaptable to new situations. This concept sometimes is called Neuroticism (Emotional Instability). Extraversion (E) is defined as those who are sociable, gregarious, assertive, and cheerful. Openness to Experience (O) refers to those who are curious, unconventional, and imaginative. Agreeableness (A) refers to those who have the tendency to be cooperative, generous, altruistic, and warm. Conscientiousness (C) is defined as those who are dependable, organized, persistent, and goal-oriented.

In short, thoughts, feelings, and behaviors that make a person different from another one are called “personality”. In this context, there are many research studies investigating personal characteristics that teachers should have, which illustrates the growing importance of personality traits. However, today, it is impossible to say that there is a consensus on the characteristics of an effective teacher (Cubukcu, zenbas, Cetinbas, Sat & Seker, 2012). Research studies examining personality are generally based on big five personality theory. According to big five personality theory there are five dimensions of personality which are (1) neuroticism, (2) extraversion, (3) openness, (4) agreeableness, (5) conscientiousness (Bacanli, İlhan, & Aslan, 2009:262). In this research the big five personality theory is used as a framework in order to investigate the participants– personality.

METHOD: Study method is presented below.

OBJECTIVES

To check correlation between Internet Addiction and Personality Traits of Rajkot District youths.

HYPOTHESIS

There is no correlation between Internet Addiction and Personality Traits of Rajkot district youths.

SAMPLE

The respondents of the present study 120 young people randomly selected from various Areas in Rajkot district. In present research the total sample consisted of 60 male and 60 female Rajkot district were chosen.

TOOLS

1. Internet Addiction Test (IAT)

The IAT was develop by Dr. Kimberly Young, 1998 and it consist of 20 questions was adopted to evaluate the respondents' level of internet addiction. Each item is scored using a five-point likert scale, a graded response can be selected (1 = "rare" to 5 = "always"). It covers the degree to which internet use affect daily routine, social life, productivity, sleeping pattern, and feeling. The minimum score is 20 while the maximum is 100 and the higher the score the greater the level of internet addiction. Three types of Internet-user groups were identified in accordance with the original scheme of Young and the scores ranging from 20 to 49 indicate minimal users while scores from 50 to 79 indicate moderate users and the scores from 80 to 100 indicate excessive users. The instrument has exhibited good psychometric properties in previous researches. The reliability for this questionnaire is 0.899 in Cronbach's Alpha (Sally, 2006).

2. Personality Traits Test

The Big Five personality traits were operationalized as the pat- terns of people's behaviors. The International Personality Item Pool (IPIP) (Goldberg, 1999) was used to measure participant's behaviors. The scale reflects the five-factor model traits: Emotional Stability (Cronbach $\alpha = .71$); Extroversion (Cronbach $\alpha = .71$); Openness to Experience (Cronbach $\alpha = .70$); Agreeableness (Cronbach $\alpha = .66$); and Conscientiousness (Cronbach $\alpha = .70$). Participants were asked to rate how accurately each statement described their behaviors. The scale contains 50 items with a 5-point scale ranging from Very Inaccurate (1) to Very Accurate (5). For example, the items are: "carry out my plans", "respect others", "do not like art", "make friend easily".

PROCEDURE:

In this research two test were administrated individually as well as on young people, which collecting data for the study before attempting the questionnaire the subjects were requested to read the instruction carefully and follow them in true spirits. While the data collection was completed then 'r' was used to check correlations.

RESULTS AND DISCUSSION

Table-1

Correlation calculation between Internet Addiction and Personality Traits of Rajkot district youths.

Sr. no.	Variables	N	df	r	Sig. Levels
1.	Internet Addiction	120	118	-0.14	N.S.
2.	Personality Traits	120	118		

We have seen the table no.1 the correlation between Internet Addiction and Personality Traits that 'r' value = -0.14, so we can say that there was no significant correlation between the respondents Internet Addiction and Personality Traits. Here, the Negative r value= -0.14, which was no significant at 0.05levels.Hence, Hypothesis is therefore to be accepted andit concluded that there was no significance correlation between respondents Internet Addiction and their Personality Traits. It means that as Internet Addiction increases the Personality Traits is increases.

CONCLUSION

The study presented in Rajkot district youths'Internet Addiction and Personality Traits of which are not connected to each other in check. Variable Negative correlation was seen between the two. Thus, Youths'Internet Addiction and Personality Traitsis no correlated with There is Negative Correlation between each other.

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The Impact of Family Environment upon Development of Life Skills and Psychological Hardiness among Adolescent Boys

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ABSTRACT

The objective of the present study is to explore the role of family in developing life skills and psychological hardiness among adolescent boys. The study was conducted on a random sample of 300 male adolescents studying in government and private schools of Rajasthan. The data was collected with the help of life skills scale, psychological hardiness scale and family climate scale. Correlation was used to study life skills and psychological hardiness in relation to family environment among male adolescents. Regression was used to study family environment components of expressiveness, conflict, acceptance, cohesion, independence, active recreational orientation, organization and control and total family environment as predictors of life skills and psychological hardiness among male adolescents. The correlational analysis indicated that life skills are significantly correlated with all the eight dimensions of family environment except control dimension. Also, a significant relationship of control, challenge and global psychological hardiness with family environment and its dimensions was observed. The results of step-wise multiple regression revealed that only cohesiveness, active recreational orientation and organization dimension of family environment emerged as significant predictors of life skills among male adolescents. Further, the analysis revealed that total family environment emerged as a significant predictor of control, challenge and global psychological hardiness among adolescents. Implications of the results are discussed.

Keywords: *Adolescents, Family environment, Life skills, Psychological hardiness*

INTRODUCTION:

Family environment is considered as a system where the behaviour and relationship among all family members is interdependent. A stimulating physical environment, encouragement of achievement and affection are repeatedly linked to better performance of children. Every individual bears an impact of the environment in which she is brought up. Family is almost the exclusive environmental factor, which influences the first few primitive years of life. The family environment maintains its importance for the psychological development of the child.

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Research shows that those adolescents shows more success in life who belong to households in which parents are both supportive and are accepting the child's needs for more psychological independence (Olsson et al. 1999; Madhu and Matla, 2004; Powell, 2006; Lee et al. 2006 and Deepshikha and Bhanot, 2011).

Life skills are defined as abilities, knowledge, attitudes and behaviour that must be learned for success in society. Life skills, being skills of adaptive and positive behaviours, enable individuals to enhance psychosocial competence. Life skills are found to affect academic success, peer relationship, family relationship, employment, and extra-curricular and leisure activities (Sharma, 2003; Slicker et al. 2005; Gambill et al. 2008; Gooding, 2009). Contextual factors influencing the development of life skills appear to include not only experiences within the school curriculum and the guidance and counseling programs but also talent development opportunities, and family and peer relationships (Yuen et al. 2010; Bouck, 2010). Life skills are accepted as valuable and worthwhile, can effectively influence the development of the positive attitude towards life (Papagcargious and Kavga, 2009; Sallee, 2007; Jone and Lavallee, 2008; Forneris et al., 2010).

Over the past 20 years, the psychological hardiness construct has emerged as a buffer in the relationship between stressors and illness and has been shown to enhance performance, conduct, and morale (Maddi, 1999). Thus, hardiness is a personality construct formed of three interrelated beliefs about oneself in interaction with the world, namely, commitment, control, and challenge. The commitment belief leads one to try to find, in whatever is being experienced, that which seems interesting and important, rather than lapsing to feelings of alienation. The control belief leads one to try to influence the directions and outcomes of whatever is going on, rather than lapsing into passivity and powerlessness and the challenge belief leads one to seek growth and wisdom through experience, whether positive or negative, rather than to feel entitled to easy comfort and security in a predictable world. It is a personality style that encourages human survival and the enrichment of life through development (Lambert and Lambert, 2003) and is a pervasive aspect of personality reflecting a general tendency towards psychological health (the opposite of neuroticism), extroversion, openness, and to a lesser extent agreeableness and conscientiousness. People who have courage (hardiness) to simultaneously favour involvement with others and events (commitment), keep trying to influence the outcomes going on around them learning from their influence the outcomes going on around them learning from their experiences, whether positive or negative (challenge), have more fulfilling, satisfying, resilient, and remarkable lives (Maddi et al., 2002).

The effects of family structure on child development are mitigated by such factors as family functioning and parenting. In addition, the outcomes for children from single-parent families vary with the distribution of other factors affecting the family such as the level of the mother's education and family income. The nature of children's family environment has a very strong

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effect on children's cognitive and behavioural development, and on the prevalence of childhood vulnerability. The factors within this environment that have been shown to have an impact on child development parenting skills, the cohesiveness of the family unity, the educational level and mental health of the mother, and the extent to which parents are actively engaged with their children. In fact, family environment is the quality and quantity of the cognitive, emotional and social support that has been available to the child within the home and connotes the psychological environment of home. Thus, a young person's social adjustment is not a thing apart, but is closely linked with his adjustment to his home and school relationships. It usually follows that an adolescent who experiences a normal and well-integrated home and school life carries over into all his other associations a similar wholesomeness of attitude and control of behaviour (Verma and Sangita, 1991; Field et al. 1995; Kokko and Pulkkinen, 2000 and Lai and McBride-Chang, 2001). On the basis of these observations, it was thought worthwhile to study family environment as a predictor of psychological hardiness among adolescents.

OBJECTIVES

- To study family environment as a predictor of life skills among male adolescents.
- To study family environment as a predictor of psychological hardiness among male adolescents.

HYPOTHESES

- Family environment and its dimensions will be the significant predictor of life skills among male adolescents.
- Family environment and its dimensions will be the significant predictor of psychological hardiness among male adolescents.

OPERATIONAL DEFINITIONS OF THE TERMS USED

1. **Life Skills:** It may be defined as “abilities for adoptive and positive behaviours that enable individual to deal effectively with the demands and challenges of everyday life”. It includes decision making, problem solving, creative thinking, critical thinking, effective communication, interpersonal relationship, self-awareness empathy, coping with emotions and coping with stress (WHO, 1997) as measured by Life Skills Scale (Sharma, 2003).
2. **Psychological Hardiness:** Psychological hardiness refers to the constellation of three dispositions commitment, control and challenge and summation of three determining global hardiness as measured by psychological hardiness scale by Nowack (1990). The components of psychological hardiness are defined as:

Control: The control disposition is expressed as a tendency to feel and act as if one is influential (rather than helpless) in the face of the varied contingencies of life.

Commitment: The commitment disposition is expected as a tendency to involve oneself in (rather than experience alienation from) whatever one is doing or encounters.

Challenges: The challenge disposition is expressed as the belief that change rather than stability is normal in life and that the anticipation of changes are interesting incentives to

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growth rather than threats to security.

2. Family Environment: It refers to the quality and quantity of the cognitive, emotional and social support that has been available to the child within the family and connotes the psychological environment of family as perceived by adolescents to be measured by Bhatia and Chadha (2004). It has eight components namely (i) cohesion, (ii) expressiveness, (iii) conflict, (iv) acceptance and caring, (v) independence, (vi) active recreational orientation, (vii) organization; and (viii) control.

- i. Cohesion:** It is degree of commitment, help and support of family members provide for one another.
- ii. Expressiveness:** It is the extent to which family members are encouraged to act openly and express their feelings and thoughts directly.
- iii. Conflict:** It refers to the amount of openly expressed aggression and conflict among family members.
- iv. Acceptance and Caring:** It is the extent to which the members are unconditionally accepted and the degree to which caring is expressed in the family.
- v. Independence:** It is the extent to which family members are assertive and independently make their own decisions.
- vi. Active Re-creational Orientation:** It refers to the extent of participation in social and recreational activities.
- vii. Organization:** It connotes the degree of importance of clear organization structure in planning family activities and responsibilities.
- viii. Control:** It is the degree of limit setting within a family.

METHOD & PROCEDURE

Population of the study and sample

The population of the study was the male adolescents studying in government as well as private schools located in Rajasthan. In the present study, random sampling method was used to select the sample. Eight schools (four governments and four private) were selected randomly from the list of various schools located in Jaipur & Ajmer District of Rajasthan. The method of random sampling was again employed to select a sample of 300 male students from eight selected schools of Jaipur & Ajmer district of Rajasthan.

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Research tools

The following tools were selected and used by the investigator in the present study:

1. **Life Skills Scale** by Sharma (2003) was used to measure life skills among adolescents. It is a 31 item scale which covers all the different areas of life skills viz. self-awareness, empathy, interpersonal relationship, communication, critical thinking, creative thinking, decision making, problem solving, coping with stress and coping with emotions. The adolescents were asked to mark the 31 statements as strongly agree, agree, uncertain, disagree or strongly disagree as per their level of agreement or disagreement with the statements. The scores ranged from 1 to 5 according to the Likert's scale, each positive statement getting a score of 5 for strongly agree and each negative statement getting a score of 5 for strongly disagree and so on.
2. **Psychological Hardiness Scale** by Nowack (1990) was used for measuring psychological hardiness among adolescents. This is a 30-items scale to be responded on 5-point rating i.e. (1) strongly agree (2) agree (3) neither agree nor disagree (4) disagree (5) and strongly disagree. The scale has 10 items each pertaining to challenge, control and commitment dimensions.
3. **Family Environment Scale** by Bhatia and Chadha (2004) was used to measure the family environment of adolescents in the present investigation. This scale measures family environment in terms of eight sub-dimensions viz. cohesion, expressiveness, conflict, acceptance and caring, independence, active re-creational orientation, organization and control.

RESULTS & DISCUSSION

Correlation was used to study psychological hardiness in relation to family environment among adolescents. Regression was used to study family environment components of expressiveness, conflict, acceptance, cohesion, independence, active recreational orientation, organization and control and total family environment as predictors of psychological hardiness among adolescents.

Life Skills in relation to Family Environment

The table 1 shows the coefficients of correlation of life skills with the eight dimensions of family environment and the total family environment. It may be seen from the table 1 that the correlation coefficient of life skills with cohesiveness (0.357), expressiveness (0.210), conflict (0.235), acceptance (0.166), independence (0.181) and organization (0.261) dimensions of family environment is positive and significant at 0.01 level. It indicates that there is a significantly positive relationship of life skills with cohesiveness, expressiveness, conflict, acceptance, independence and organization dimensions of family environment.

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Table 1: Life Skills among Adolescents in Relation to Family Environment

S.No.	Dimension	Life Skills
1.	Cohesiveness	0.357**
2.	Expressiveness	0.210**
3.	Conflict	0.235**
4.	Acceptance	0.166**
5.	Independence	0.181**
6.	Active Recreational Orientation	-0.162**
7.	Organization	0.261**
8.	Control	-0.019
9.	Total Family Environment	0.263**

*p<0.05; **p<0.01

The correlation coefficient of life skills with active recreational orientation (0.162) dimension is negative and significant at 0.01 level. It shows that there is a significant and negative relationship of life skills with active recreational orientation dimension of family environment. The correlation coefficient of life skills with control dimension of family environment is not significant even at 0.05 level. The correlation coefficient of life skills with total family environment (0.263) is positive and significant at 0.01 level.

Family environment as predictor of life skills among adolescents

From the result of correlation analysis, it was revealed that all the dimensions of family environment are significantly related to life skills among adolescents except the control dimension of family environment. Since the purpose of the study was to study family environment as the predictor of life skills among adolescents, stepwise multiple regression was carried out. Only the values of coefficient of correlation (r) and multiple correlation (R) determining the total effect of contributing factors, R^2 and R^2 change along with percentage variance in the set of predictors are reported in the table 2.

Table 2: Family Environment as a Predictor of Life Skills among Adolescents (N=300)

S.No.	Dimension of Family Environment	R	R^2	R^2 Change	% Variance
1.	Cohesiveness	0.357	0.127	0.127	12.7%
2.	Active Recreational Orientation	0.462	0.214	0.086	8.6%
3.	Organization	0.490	0.240	0.026	2.6%

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The table 2 shows the results of step-wise multiple regression. It shows that only cohesiveness, active recreational orientation and organization dimension of family environment emerged as significant predictors of life skills among adolescents while explaining only 12.7%, 8.6% and 2.6% of the variance respectively in life skills among adolescents. Cohesiveness and organization dimensions of family environment were found to be the positive contributors to life skills among adolescents. However, active recreational orientation was found to be a negative contributor towards life skills among adolescents. On the basis of the above results, it may be concluded that out of these three predictors, cohesiveness, dimension of family environment emerged as the most significant predictor of life skills among adolescents followed by active recreational orientation (ARO) and organization dimensions of family environment.

Psychological Hardiness in relation to Family Environment

The table 3 shows the correlation coefficients of psychological hardiness and its components with family environment and its dimensions. The table 3 reveals that the correlation coefficient of commitment component of psychological hardiness with any of the dimensions of family environment as well as total family environment is not significant even at 0.05 level indicating that there is no significant relationship of commitment dimension of psychological hardiness with any of the family environment components. It may be further observed from the table 3 that the correlation coefficient of control dimension of psychological hardiness with cohesiveness (-0.248), conflict (-0.313), acceptance (-0.206), independence (-0.228), active recreational orientation (-0.205), control (-0.172) dimension of family environment is significant at 0.01 level.

The correlation coefficient of control dimension of psychological hardiness with expressiveness dimension of family environment is significant at 0.05 level. It indicates that there is a significant relationship of control dimensions of psychological hardiness with cohesiveness, expressiveness, conflict, acceptance, independence, active recreational orientation and control dimension of family environment. The correlation coefficient of control dimension of psychological hardiness with organization (0.111) dimension of family environment is not significant even at 0.05 level. The correlation coefficient of control dimension of psychological hardiness with total family environment (0.336) is significant at 0.01 level.

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Table 3: Psychological Hardiness among Adolescents in relation to Family Environment

S. No.	Dimensions of Family Environment	Commitment	Control	Challenge	Psychological Hardiness
1.	Cohesiveness	0.58	-0.248**	-0.247**	-0.244**
2.	Expressiveness	-0.046	0.144*	0.118*	0.167**
3.	Conflict	-0.039	-0.313**	-0.248**	-0.329**
4.	Acceptance	0.035	-0.206**	-0.280**	0.250**
5.	Independence	0.009	0.228**	0.238**	0.253**
6.	Active Recreational Orientation	-0.026	0.205**	-0.161**	0.190**
7.	Organization	-0.029	0.111	-0.084	0.122*
8.	Control	0.058	-0.172**	-0.086	-0.115*
9.	Total Family Environment	0.022	0.336**	0.309**	0.345**

p<0.05*; p<0.01**

The table 3 further shows that the correlation coefficient challenge dimension of psychological hardiness with cohesiveness (-0.247), conflict (-0.248), acceptance (0.280), independence (0.238) and active recreational orientation (0.161), dimension of family environment is significant at 0.01 level. The correlation coefficient of challenge dimension of psychological hardiness with expressiveness (-0.118) dimensions of family Environment is significant at 0.05 level. It indicates that there is a significant relationship of challenge dimensions of psychological hardiness with cohesiveness, expressiveness, conflict, acceptance, independence and active recreational orientation. The correlation coefficient of challenge dimension of psychological hardiness with organization (-0.084) and control (-0.086) dimension of family environment is not significant even at 0.05 level. The correlation coefficient of challenge dimension of psychological hardiness with total family environment (-0.309) is significant at 0.01 level.

The perusal table 3 further reveals that the correlation coefficient of psychological hardiness with cohesiveness (-0.244), expressiveness (0.167), conflict (0.329), acceptance (0.250), independence (0.253) and active recreational orientation (0.190) dimension of family environment is significant at 0.01 level and the correlation coefficient of psychological hardiness with organization (0.122) and control (-0.11) dimension of family environment significant at 0.05 level. It indicates that there is significant relationship of psychological hardiness with all the dimensions of the family environment. The correlation coefficient of psychological hardiness with total family environment (0.345) is significant at 0.01 level. It indicates that psychological

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hardiness among adolescents is significantly related to all the eight family environment components as well as total family environment.

Family environment as predictor of psychological hardiness among adolescents

The table 4 shows that the result of step-wise multiple regression analysis of psychological hardiness in relation to family environment.

The results of step-wise multiple regressions revealed that none of the family environment dimensions as well as the total family environment emerged as a significant predictor of commitment dimension of psychological hardiness among adolescents. The perusal of the table 4 reveals that total family environment emerged as a significant predictor of control dimension of psychological hardiness among adolescents while explaining only 11% of the variance in control dimension of psychological hardiness among adolescents.

Table 4: Family Environment as a Predictor of Psychological Hardiness among Adolescents

S.No	Dependent Variable	R	R ²	R ² Change	F-value	% Variance
1.	Control	0.336	0.113	0.110	37.82**	11%
2.	Challenge	0.309	0.095	0.092	31.42**	9.2%
3.	Psychological Hardiness	0.345	0.119	0.116	40.31**	11.6%

p<0.05*; p<0.01**

Further, the table 4 showed that family environment emerged as a significant predictor of challenge dimension of psychological hardiness among adolescents while explaining only 9.2% of the variance in challenge dimension of psychological hardiness among adolescence. The table 4 indicates that family environment emerged as a significant predictor of psychological hardiness among adolescents while explaining only 11.61% of variance in psychological hardiness among adolescents. It may be concluded that family environment was found to be a positive contributor to control, challenge dimension of psychological hardiness and total psychological hardiness among adolescents.

On the basis of above results, it may be concluded that total family environment emerged as a significant predictor of control and challenge dimension of psychological hardiness and as well as total psychological hardiness among adolescents. However, none of the family environment components or total family environment emerged as a significant predictor of commitment dimension of psychological hardiness among adolescents. Similarly, family environment was also found to be a significant predictor of psychological hardiness among adolescents. These results find support from a number of earlier researches (Lifton et al. 2005;Maddi et al. 2009).

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EDUCATIONAL IMPLICATIONS

1. As the study revealed cohesiveness, organization and active recreational orientation were important contributing factors influencing the level of life skills in the adolescents, so it becomes the duty of the parents to have more cohesiveness and organization in the family. Also, they should be made aware about the importance of a conducive family environment in the course of adolescent development.
2. Total family environment was found to be a significant predictor of control, challenge and global psychological hardiness among adolescents. Hence, it is the family from where hardy attitudes begin to develop among adolescents. So, it is essential for the parents to develop such a conducive family environment for the adolescents where they are given enough opportunities to develop self-control, challenge accepting attitudes and a hardy personality.
3. Life skills training and hardiness training should be an important aspect of school enrichment programme and the families too need to be strengthened as hardy individuals having life skills take the lead in charge, show greater performance, leadership, morale, conduct and health. Hardiness training approach can help adolescents in building attitudes and managing resources which improve the individual and can help turn adversity to advantage.

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Effect of Resilience and Social Support on Immune - Activation in HIV Positive People

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ABSTRACT

Acquired immunodeficiency syndrome (AIDS) is caused by Human Immunodeficiency Virus (HIV). It is a disease of human system in which body's normal defense system breaks down. Immune –activation has emerged as a critical factor distinguishing pathogenic immunodeficiency virus infections – such as HIV infection. The level of social support given to an individual during a health crisis has been documented to have a profound impact on a person's physical and psychological well-being. The capacity to cope and feel competent is referred to as resilience. Psychological resilience refers to an individual's capacity to withstand stressors and manifest psychological dysfunction, such as mental illness or persistent negative mood. This study examines the effect of hardiness dimensions of commitment, challenge and control as resilience factors and social support on immune-activation among persons with symptomatic HIV disease and AIDS. The study has been conducted at ART Centre Department of Medicine, S.S. Hospital Banaras Hindu University Varanasi. Total samples of 40 HIV positive people in the age range of 21 to 55 years have been taken for the study. Dispositional Resilience (Hardiness) Scale is a self-report scale that is designed to measure three major components of hardiness (control, commitment and challenge) constructed by Bartone, P.T.(1989) and Multidimensional scale of social support constructed by Zimet, Dahlem, Zimet and Farlay (1988) were administered on the sample. The finding indicated that HIV positive people having high hardiness, gain more social support and their Immune-activation has been found also in increased level.

Keywords: *Resilience, Social Support, Immune Activation, HIV/AIDS.*

INTRODUCTION:

Acquired immunodeficiency syndrome (AIDS) is caused by Human immunodeficiency virus (HIV). It is a disease of human immune system in which the body's normal defense system breaks down. By killing or damaging cells of the body's immune system, HIV progressively destroys the body's ability to fight infection. The term AIDS applies to the most advanced stage of HIV infection. More than 700,000 cases of AIDS have been reported in the United States since 1981, and as many as 900,000 Americans may be infected with HIV. The epidemic is growing most rapidly among women and minority populations (CDC, 2000).

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HIV spreads most commonly by having sex with an infected partner. HIV also spreads through contact with infected blood, which frequently occurs among drug users who share needles or syringes contaminated with blood from someone infected with the virus. Woman with HIV can transmit the virus to their babies during pregnancy, birth or breast feeding. Many people do not develop any symptoms when they first become infected with HIV. Some people, however, have a flu-like illness within a month after exposure to the virus. More persistent or severe symptoms may not appear for a decade or more after infection. This period of 'asymptomatic' (without symptoms) infection is highly individual. During this asymptomatic period the virus is actively multiplying, infecting and killing cells of the immune system and people are highly infectious. As the immune system deteriorates, a variety of complication start to take over, for many people their first sign of infection is large lymph nodes or swollen glands that may be enlarged for more than three months. Other symptoms often experienced months to years before the onset of AIDS include: lack of energy, weight loss, frequent fever and sweats, persistent or frequent yeast infections (oral or vaginal), persistent skin rashes or flaky skin, pelvic inflammatory disease in women that does not respond to treatment and short term memory loss. Many people are so debilitated by the symptoms of AIDS that they cannot hold steady employment nor do household chores. Other people with AIDS may experience phases of intense life- threatening illness followed by phases in which they function normally. India is one of the largest and most populated countries in the world, with over one billion inhabitants, of their number it's estimated that around 2.3 million people are currently living with HIV (NACO, 2004). HIV had now spreads extensively throughout the country. In 1990 there had been tens of thousands of people living with HIV in India, by 2000 this had risen to millions (NACO, 2004). In 2006, UNAIDS estimated that there were 5.6 million people living with HIV in India, which indicated that there were more people with HIV in India than in any other country in the world (UNAIDS, 2006). In 2007, following the first survey of HIV among the general population, UNAIDS and NACO agreed on a new estimate between 2 million and 3.1 million people living with HIV (UNAIDS, 2007). In 2008, the figure was confirmed to be 2.5 million which equates to a prevalence of 0.3%, while this may seem a flow rate, because India's population is so large, it is the world in terms of greatest number of people living with HIV. As the society knows the sero-status of a person, suddenly its behaviour changes towards that particular person and such type of condition affects a person's life and health status so there is a positive relationship between social support and health outcomes (Mindal & Wright 1982, Smith, Ruiz 1985, Taylor & Chatters 1986).

Social Support

Social support is very important especially for those persons who are suffering of high level of stress problem. Obviously AIDS patients are among those. These people know very well that they are running against their death. It is only the matter of time, how sooner or later it will be. At this phase of life social support and resilience have a vital effect on patient's immune system and improve their mental health and well-being. Social support has numerous ties to physical health, including mortality. People with low social support are at a much higher risk of death from a variety of diseases. Walther and Boyd (2002) define social support as "The exchange of verbal and non-verbal messages conveying emotion, information, or referral, to help reduce

one's uncertainty or stress." In sum, social support refers to helping the individual alleviate uncertainty or stress by conveying the emotion, information, or referral to the recipient. Moreover, Albrecht and Adelman (1987) define "social support" as "Verbal and nonverbal communication between recipients and providers that reduces uncertainty about the situation, the self, the other, or the relationship, and functions to enhance a perceptions of personal control in one's experience."

According to House, (1988) social support can be subdivided into the concepts of social integration, social network, and relational content. Social integration is the existence or quantity of social relationships, which includes the number of friends and relations and the frequency of contact with these people. The number of active social ties determines one's degree of embeddedness in a social network, with social isolation constituting one extreme end point. Social network is the structure that characterizes a set of relationship. Network density, reciprocity, gender composition, homogeneity, and durability are structural properties of a social network. The presence of women in a network, for example, might be regarded as an advantage in coping with stress because on an average, women are perceived as more supportive than men (Schwarzer, Dunkel, Schetter and Kemeny, 1994). Relational content is the function and nature of social relationship with various sources such as a spouse, a supervisor, friends, or relatives. It includes supportive interaction defined as the positive potentially health promoting or stress-buffering aspects of relationships (House, 1988).

There are four common types of social support:

- Emotional support: It is the offering of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring. It is the way to tell a particular person that someone is standing by him in his need. Through this support an individual feels that he is also a part and parcel of society and not ignored. It is also sometimes called esteem support or appraisal support.
- Tangible support: In this materialistic world economical support matters most for the person who is suffering from mental stress, health problem as well as economical problem. No matter how crucial your problem is. Nobody is going to listening you if you are in want of money. The provision of financial assistance, material goods, or services is known as tangible support or instrumental support. This form of social support encompasses the concrete, direct ways people assist others.
- Informational support: It is the provision of advice, guidance, suggestions, or useful information to someone. This type of information has the potential to help others problem-solve.
- Companionship support: It is the type of support that gives someone a sense of social belonging. This can be seen as the presence of companions to engage in shared social activities. Researchers also commonly make a distinction between perceived, received support and provided social support.
 - Perceived support refers to a recipient's subjective judgment that providers will offer (or have offered) effective help during times of need.

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- Received support (also called enacted support) refers to specific supportive actions (e.g., advice or reassurance) offered by providers during times of need.
- Provided social support refers to the support given by caregivers. They may be professionals, friends or family members.

The evidence that social support inhibits the development of disease is equivocal (Cohen 1988, House 1988, Rodin & Solovey, 1989). The link between social support and psychological health is stronger than the link between social support and physical health (Ganster and Victor 1988, Green 1994). For example social support is significantly associated with well-being and the absence of psychological distress in normal community samples (Kessler and McLeod 1985). Social support affects health through biological, psychological and behavioral mechanisms. Ultimately the impact of social support on physical health and to some extent on psychological health is transmitted through biological and to some extent on psychological health is transmitted through biological mechanisms. The level of social support given to an individual during health crises has been documented to have a profound impact on a person's physical and psychological well being (Barroso, 1997).

Resilience

The capacity to cope and feel competent is referred to as resilience. *Psychological resilience* is defined by flexibility in response to changing situational demands, and the ability to bounce back from negative emotional experiences (J. H. Block & Block, 1980; Block & Kremen, 1996; Lazarus, 1993). Mental health is a fundamental element of the resilience, health assets, capabilities and positive adaptation that enable people both to cope with adversity and to reach their full potential and humanity. Notably, trait-resilient individuals experience positive emotions even in the midst of stressful events, which may explain their ability to rebound successfully despite adversity. This suggests that trait-resilient people may understand the benefits associated with positive emotions and use this knowledge to their advantage when coping with negative emotional events (Tugade & Fredrickson, 2002; 2004).

Everyone experiences stress at one time or another – from major events such as the death of a loved one, to more minor stressors such as financial difficulties. Not surprisingly, exposure to stress is generally associated with a wide range of negative outcomes including decreased well-being, increased incidence of disease, Post-Traumatic Stress Disorder, Generalized Anxiety Disorder, and Major Depressive Disorder (Monat, Lazarus, & Reevy, 2007). However, not all individuals who are exposed to even high levels of stress develop such negative outcomes. Resilient person seem to do well in life, appearing to have the ability to bounce back and cope well in the face of profound problems. In fact, recent evidence suggests that a considerable number of individuals exhibit resilience, which is commonly defined as maintained or improved mental health in the face of stress, after short disruptions (if any) to normal functioning (Bonanno, 2005; Luthar, Cicchetti, & Becker, 2000). This definition, conceptualizes resilience as a potential outcome after exposure to stress rather than a psychological trait that leads to positive outcomes (cf. Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008).

Of course, the coping with HIV is normally related to how well the treatment is accepted. As mentioned above all the patients are taking medicines regularly. The patients, whose health is

improving and feeling better due to the effect of medicine, do not need any type of counselling in this matter whereas the patients suffering from side effects hesitate in taking medicine or want to quit the treatment but because of strong adherence counselling they continue.

Social support has great role in preparing the patient to fight against HIV/AIDS. The patient, well supported by his spouse, family members, friends, colleagues etc, has great will power to fight against the disease for the sake of his/her life. This type of patients usually takes their medicines regularly. In lack of social support the patient has no charm in his/her life. She/he wants to get rid of the situation even at the cost of his /her life. These patients need strong counselling so that they take their medicine continuously.

No opportunistic infected patient has been selected in this study due to their severe condition, although opportunistic infections or other co morbidity can affect resilience.

When people gain appropriate support from society and family automatically they feel more competent themselves. It helps in building better resilience within the person. Thus such type of competency may affect the immunity power of an individual.

The aim of this study is to examine the relationship between social support and resilience among HIV positive people. And to examine the effect of resilience and social support on Immune-activation.

METHOD

Sample

The present study was conducted on a sample of 40 PLWHA whose age range was from 21 to 55. The mean age is 32.7, median age is 31 and range is 25 for men and for women mean age is 31.7, median age is 32 and range is 20. All the patients included in this study were taking ARV drugs or on anti-retro viral therapy (ART) from the duration of at least six months. Participants were taken from OPD of ART centre, IMS, BHU, Varanasi. The Purposive sampling technique was adopted in subject selection and this is because of the nature of the concept and subjects under consideration. Purposive sampling is.... Purposive sampling targets a particular group of people. When the desired population for the study is rare or very difficult to locate and recruit for a study, purposive sampling may be the only option. Inclusion criteria were age, present health status and no severe health, psychiatric and cognitive problem.

Apparatus

1. Multidimensional scale of social support constructed by Zimet, Dehlem, Zimet and Farlay, (1988) consisting 12 items. High score indicate high social support and Low score indicate low social support.

2. Dispositional Resilience (Hardiness) Scale is a self report scale that is designed to measures three major component of hardiness (control , commitment and challenge) constructed by Bartone, P.T. (1989).

Procedure

All the participants were informed about the purpose of the study. Consent of the subjects was sought after which the questionnaires were dropped for them to fill and picked up letter for coding and analysis. CD4 count of every individual was also noted down. CD4 cell counts, between the range of 600 to 1200

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shows the better immunity power, whereas 600 to 250 is moderate and below than 250 shows poor immunity. Data was analyzed by applying t-test, correlation and regression analysis.

RESULTS

Results obtained from this study indicate towards a significant association between social support, resilience and immunity of HIV positive people.

Table1: Coefficient of Correlation between social support and resilience.

	Resilience
Social support	.515**

** Correlation is significant at the 0.01 level (2-tailed).

Significantly higher correlation was obtained between social support and resilience. Table-1 indicate that both of measures are correlated ($p < .01$) with each other.

To observe the difference on social support and resilience t-test was applied. On the basis of gender and time duration of cases two separate tables formulated.

Table 2: Differences among HIV positive male and female on the measures of social support and resilience.

	Male (n=40)	Female (n=40)	t-value
Social Support	46.85 (19.00)	44.15 (18.89)	.451**
Resilience	29.05 (5.79)	29.55 (8.08)	-.225

Sig at $< .05^*$, $< .01^{**}$

Results of table 2 indicated that significant difference ($p < .01$) was obtained on the measure of social support between male and female. This trend of result indicates that gaining social support influenced by gender differences. Whereas, the resilience did not differ by the gender difference.

Table 3: Mean, SD and t-value of Differences among HIV positive new and old cases on the measures of social support and resilience.

	New cases (n=40)	Old cases (n=40)	t-value
Social Support	34.90 (14.12)	56.10 (16.91)	4.304**
Resilience	26.20 (4.36)	32.40 (7.72)	3.127**

Sig at $< .05^*$, $< .01^{**}$

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Results indicated of this third table that the new and old cases significantly differ on the measures on social support. It can be said that the PLWHA gain more social support with the passage of time. On other hand resilience also significantly differs. It means that time duration play an important role in becoming more resilient with HIV infection.

Further to know the contributing effect of social support and resilience on the level of immunity (CD4), liner multiple regression was run by taking social support and resilience as predictor and CD4 as criterion variable for total sample of HIV positive people.

Table 4: Prediction of CD4 in HIV positive people from social support and resilience.

Criterion Variable CD4						
Predictor Variables	R ²	Adjusted R ²	R ² Change	F Change	Beta	t-Value
Social Support	.439	.424	.439	29.699	.530	3.860**
Resilience	.487	.459	.048	3.498	.257	1.870*

**Significant at 0.01 level

* Significant at 0.05 level

Regression Analysis was conducted and result of table 4 revealed that social support and resilience predict the immunity in total sample. Social support account for 43.9 percent of variance in the scores of CD4. Whereas, resilience account for 4.8 percent of variance in the scores of CD4. Thus, a major portion of variance was contributed by social support. Positive beta value of both indicates its inverse correlation with CD4.

DISCUSSION

Present study was carried out to investigate the relationship between social support and resilience. And effect of both on immune-activation in HIV positive people. Most of the researches generally focused the role of social support in HIV- positive patients but major emphasis has been given on men. The major portions of current database of such researches are based on the researches done in the western world. But the findings from these researches cannot be generalized for a non-western world population and population at risk. There may be several reason non-applicability of these findings in current scenario. As most of the researches were conducted on HIV-positive gay men, women are mostly neglected or were included in less numbers.

Findings of the present study indicate towards a strong correlation between social Support, resilience and immune-activation.

Result indicated significantly higher correlation between social support and resilience. Significant difference ($p < .01$) was obtained on the measure of social support between male and female. This trend of result indicates that gaining social support influenced by gender

differences. Whereas, the resilience did not differ by the gender difference. On the other hand the new and old cases significantly differ on the measures on social support. The PLWHA gain more social support with the passage of time. On other hand resilience also significantly differs. So it can be said that time duration play an important role in becoming more resilient with HIV infection. Result of regression analysis for the contributing effect revealed that social support and resilience predict the immunity in total sample.

There are some evidence that social support predicts mortality risks in adults of all ages (Berkman 1985, Cohen 1988, House 1988) and also facilitates recovery from illness (Wortman, 1984). As Gill Green (1993) also indicates that there are few studies which have considered the impact of social position on the relationship between social support and health. Whilst there is evidence of a link between social support and the psychological well-being of people with HIV, research is still in its infancy. Much information is required about which particular aspects of social support and health are associated. According to the findings of this study it can be said that there is need to provide more support because social support may play a small but potentially important role in helping HIV-positive people to become more resilient and adhere to the complicated schedules for taking their drug and for making better immunity to fight from infections and control the virus that causes AIDS.

Social support and resilience are deeply interconnected to each other and they also have great impact on either one. It is possible that due to the greater social support the resilience power increases. On the other hand if someone has better resilience power than before his social support may also increase.

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Mental Health Status & Stress: A Comparative Study among Yoga-doer and Yoga- non doer Older Adults

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ABSTRACT

The present study has been designed to investigate the difference of mental health status and stress among yoga- doer and yoga – non doer older adults. The research was conducted over a sample of 120 older adults both yoga – doer and yoga – non doer as well as male and female.[30 yoga – doer and 30 yoga – non doer male older adults and 30 yoga – doer and 30 – yoga non doer female older adults.] All the participants were administered the mental health inventory and stress inventory. Data was analyzed using t test. The results reported that there exists a significant difference in mental health status among yoga- doer and yoga – non doer older adults both male and female. Yoga – doer older adults had better mental as compare to yoga – non doer older adults. Significant difference is also observed between yoga- doer and yoga – non doer older adults as regarding to their level of stress scores. Yoga also helpful in reduce stress level.

Keywords: Yoga, Mental health, Stress, Yoga – doer, Yoga- non doer, Older adults.

INTRODUCTION:

As the number of older adults is growing, so will mental health problems. Mental health disorders including stress, anxiety, depression, adversely affect physical health and ability to function, especial in older adults. Physical and mental health affect each other for example, older adults with medical problems such as heart disease have higher rates of stress, depression than those who are medically well. Stress in older adults is a very treatable disorder. Stress is a major factor affecting the mental health of older adults. Conversely untreated stress in an older person with heart disease negatively affects the outcome of the disease. Older adults those aged 60 or above are at risk of developing mental disorders, neurological disorders or substance use problems as well as physical illness or disability.

Mental and physical health problems can also interact in older people making their overall assessment and management more difficult. In general older people feel less happy with their life than younger people and this is of special concern in new number states where there are larger differences in life stratification and happiness between age groups. There are no agreed definitions of when ‘old age’ begins and the common understanding of belonging to older age groups has different connotations and meanings across cultures, societies and peoples.

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Stress :- Stress is a pressure or demand on the system where available resources are not adequate to cope with. Stress can disturb any one's physical, mental, emotional and behavioral balance. Stress can damage different parts of human body muscles and tissues to organs and blood vessels, blood pressure, body temperature. It can also interfere with the body metabolism, digestion, sleep, fertility, appetite, sexuality etc.

Yoga :- 'Yoga is ancient that is defined as the union of the soul with God'. 'Yoga is a path of personal, spiritual development that utilizes meditation to bring enlightenment, self-realization and ultimately, the attainment of god and bliss.'

Yoga is not only safe for older petitioners, but also effective in keeping the mind and body in good health. Yoga is an ancient Indian science which helps to improve physical, mental, social and spiritual health. Yoga has been found useful for mental disorders like – depression, stress. Yoga helps to improve the mental health of both the yoga and seniors by reducing stress. Many older people also experience functional limitations due to health related problems. Estimates suggest that up to 40% of the hearing impaired population many experience mental health difficulties at some time in their lives. Other functional impairments also lead to depression around 20% in some studies. Older women are more likely than men to experience negative affects on social activities caused by their physical or mental health problems. Researchers confirm that older adults with evidence of mental disorder are less likely than younger and middle aged adults to receive mental health services and that, when they do, they are less likely to receive care from a mental health specialist (Karel, Gatz & Smyer 2012). A study of 149 persons with non-insulin dependent diabetes found that 104 had lowered blood sugar and needed less oral anti diabetes medication after regularly practicing yoga. Researchers at Bhabha Atomic Research centre, medical division in Mumbai India, evaluated the overall benefits of yoga on risk factors for heart disease (Damodaran, Mulathi, Patil, Shah, Suryavanshi, Marathe 2002). A group of 20 patients age 35 to 55 above years of age, all of whom had mild to moderate high blood pressure began a daily one hour yoga program prior to the implementation of their yoga program and following three months of yoga, biochemical and psychological parameters were studied. The overall results were quite impressive. After the three months of yoga practice, the patients experienced a decrease in blood pressure, as well as a decrease in blood sugar, cholesterol and triglycerides. Feedback also indicated that the patients were calmer.

A study of the university, college of medical science in New Delhi, evaluated 30 to 60 years old patients with type 11 diabetes (Jain, Uppal, Bhatnagar, Talukder 1993). A 40 minute per day regimen to yoga was followed for a period of 40 day. The results showed a significant decrease in fasting blood sugar levels. A British study of 71 healthy volunteers aged 21 to 76 found that a 30 minute program of yogic stretching and breathing exercises was simple to learn and resulted in a "markedly invigorating" effect on perceptions of both mental and physical energy and improved mood. Some expert suggest that the regular practice of breathing through one nostril

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may help improve communication between the right and left side of brain. Yoga can number of benefits for people over 50, from healthy bones, to flexibility, to stress relief.

The harbor – UCLA medical centre conducted a study to assess what effects, if any, yoga has on stress levels. (Gaur 2001) During the study, all participants expressed that their moods and anxiety levels were improved as a results of their yoga sessions. Researchers estimate that almost two third of older adults with a mental disorders. Therefore the aim of the present research was to find out the difference of mental health status and stress among yoga doer and yoga non-doer older adults.

AIMS AND OBJECTIVES

The main purpose of the present research was to find out the difference of mental health status and stress yoga doer and yoga non doer older adults. Some of the major objectives were framed to study the problem.

1. To examine the mental health status in yoga - doer and yoga - non doer male older adults.
2. To examine the mental health status in yoga - doer and yoga- non doer female older adults.
3. To examine the stress in yoga - doer and yoga - non doer male older adults.
4. To examine the stress in yoga - doer and yoga - non doer female older adults.

HYPOTHESIS

Keeping view the objectives of the present study following null hypotheses framed for the present research.

1. There is no significant difference in the mean scores of mental health status among yoga - doer and yoga - non doer male older adults.
2. There is no significant difference in the mean scores of mental health status among yoga - doer and yoga - non doer female older adults.
3. - There is no significant difference in the mean scores of stress among yoga - doer and yoga - non doer male older adults.
4. - There is no significant difference in the mean scores of stress among yoga - doer and yoga - non doer female older adults.

RESEARCH METHODOLOGY

In the present study achieve the above cited objectives, survey method was conducted by the researcher to collect relevant data regarding the present study.

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Participants

The sample was consisted of 120 older adults including yoga – doer and yoga – non doer both male and female older adults ranging in age from 65 to 80 years. The sample was selected through purposive and convenient sampling technique from Junagadh city. The sample was consists of only married older adults. A total of 120 older adults of which 60 were male older adults (30 yoga – doer and 30 non yoga – non doer) and 60 were female older adults (30 yoga – doer and 30 non yoga – non doer). All the participants were matched on the variables of age, area, marital status etc. The data has been collected with the help of questionnaires.

Instruments

The following standardized tools were used for the present investigation. Personal information schedule developed by investigator was used to collected some necessary information like, age gender, marital status etc. To measure mental health status, The Mental Hygiene Inventory developed by Bhatt & Gida was used. Reliability of the test is 0.87. And to measure stress, Stress Measurement Inventory by Bhatt, J. was used. The reliability and validity of the test is 0.91 & 0.87

Procedure

The present research conduct on 120 older adults. After establishing rapport with the participants the questionnaires were administered with the necessary instruction and the data was collected. All the participants were assured that their responses would be kept confidential. Scoring was done according to the instructions given in the manual. The data was coded numerically to protect the participants privacy. Finally obtained results were statistically analyzed and discussed accordingly.

Statistical Analysis

The researcher put the data edited and coded together in a carefully designed table for statistical analysis t test was applied to see the significance of the difference between yoga – doer and yoga – non doer older adults on the basis of their mental health and stress scores.

RESULTS & DISCUSSION

Applying t-test on the samples data analysis and interpretations. The main purpose of the present research was to find out the difference of mental health status and stress among yoga-doer and yoga-non doer older adults. The research findings are based on the responses of 120 older adults both male & female as well as yoga-doer and yoga non-doer. Ho1 “There is no significant difference in the mean score of mental health status of yoga-doer and yoga non-doer male older adults,” to assess this hypothesis t-test was used. Table – 1 gives the descriptive statistics for

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each of two groups on mental health status (as defined by the yoga-doer and yoga non-doer). This t-test revealed statistically significant difference between the mean number of two groups, were group 1 has ($M = 74.92$) and group 2 has ($M = 68.07$) from table – 1 reveal that there is significant difference in the mean scores of mental health status of comparative groups as the t-value (2.63) is found to be significant at 0.01 level. Hence the null hypothesis is rejected and, it clearly indicates that male yoga-doer older adults had better mental health as compare to yoga non doer male older adults.

Ho2 “There is no significant difference in the mean scores of mental health status among yoga-doer and yoga non-doer female older adults. Results from table – 2 the mean value of mental health status in the female yoga-doer older adults ($M = 73.46$) is greater than that of yoga-non-doer female older adults ($M = 66.89$). The result of t-test applied between the mean scores of mental health status of comparative groups indicates that they differ statistically significant as the t-value of t-test is (2.59). Thus, the null hypothesis also rejected and it is also found that mental health in female yoga-doer older adults had better than comparative group.

Table – 1 : showing results of t-value of mental health status of yoga-doer and yoga non-doer male older adults

Older Adults	No.	Mean	SD	t-value	Sig.
Yoga-doer	30	74.92	10.8	2.63	0.01
Yoga-non-doer	30	68.07	9.3		

Table – 2 : showing results of t-value of mental health status of yoga-doer and yoga non-doer female older adults

Older Adults	No.	Mean	SD	t-value	Sig.
Yoga-doer	30	73.46	10.7	2.59	0.01
Yoga-non-doer	30	66.89	8.9		

The research findings are based on the responses of 120 older adults both male and female on stress measurement inventory. (Both yoga - doer and yoga-non-doer) Ho3 “There is no significant difference in the mean score of stress of yoga –doer and yoga –non doer male older adults,” to assess this hypothesis t-test was used. Results from table – 3 t-test revealed a statistically significant difference in the mean scores of stress of two comparative groups, where group – 1 has ($M = 69.07$) and group – 2 has ($M = 76.89$). Thus t-test revealed statistically significant difference in the stress of yoga-doer and yoga-non-doer male older adults as the t-value (2.23) is found to be significant at 0.05 level. Hence the null hypothesis is rejected and it clearly indicates that yoga-non doer male participants’ responses showed high stress as compare the yoga-doer male older adults.

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Ho4 “There is no significant difference in the mean score of stress of yoga-doer and yoga non doer female older adults.” To assess this hypothesis t-test was used, results showed in table – 4 that there is significant difference between to comparative groups in respect to their stress scores. The obtained t-value is 2.01 which is significant at 0.05 level. Thus the null hypothesis is also rejected and it clearly indicate that from table – 4 the mean value of stress in the female yoga-non doer older adults ($M = 77.36$) is greater as compare the yoga-doer female older adults ($M = 70.11$). It is concluded that yogic practices also reduce stress in yoga doer participants. In conclusion the present study indicating that yoga interventions can improve the mental health of older adults both: male and female, as well as yoga also helpful in management of stress, reduce of stress level.

Table – 3 : showing results of t-value of stress level of yoga-doer and yoga non-doer male older adults

Older Adults	No.	Mean	SD	t-value	Sig.
Yoga- doer	30	69.07	13.11	2.23	0.05
Yoga-non doer	30	76.89	14.02		

Table – 4 : showing results of t-value of stress level of yoga-doer and yoga non-doer female older adults

Older Adults	No.	Mean	SD	t-value	Sig.
Yoga-doer	30	70.11	13.20	2.01	0.05
Yoga-non doer	30	77.36	14.86		

CONCLUSION

The main purpose of the present research was to find out the difference of mental health status and stress yoga doer and yoga non doer older adults both male and female. After analysis and interpretation the following conclusion was drawn.

The mental health of male yoga – doer participants is significantly better than that of male yoga – non doer participants.

The mental health of female yoga – doer participants is also significantly better as compare the female yoga – non doer participants.

The male yoga – doer had low level of stress than male yoga – non doer participants.

The female yoga – doer had low level of stress as compare the female yoga – non doer participants.

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Yoga- non doer Older Adults**

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Empirical Research Concerning the Elimination of Violence in Mathematics Lessons

Costica Lupu¹

ABSTRACT

Due to the maladjustment of the teaching-learning style and strategies to the school activity, there occur numerous short- and long-term consequences. Students lose their self-esteem, become introverts, depressive, with complexes and fearful of their mates or teachers, eventually losing their ability to function well in society.

This study presents an empirical research on the identification and observation of the students' manifestations in various violent situations, among which: the feeling of injustice, lack of empathy, the devaluation of the student, emotional immaturity, the parents' or teachers' impulsiveness, lack of self-control, the environment and social circumstances, the teachers' or parents' disrespect.

The questionnaire and test we applied have shown the high relevance of being aware of the harmful effects of violence, the need for proper behaviour and appropriate teaching-learning style, the need to raise awareness, through social campaigns and educational programmes aimed at building a culture of non-violence, as well as diminishing the manifestation of violence in human relations.

Regarding these issues, we are searching for answers and the best teaching-learning strategies used to enhance enthusiasm for school activities, diminish the number of school absences, eliminate consumption of alcohol, tobacco, coffee or drugs, which may lead to increased violence in schools.

Keywords: aggression, violence, educational style, behaviour, cooperation

INTRODUCTION:

This study supports in understanding and preventing the difficulties of students in school life through methods, which may assist the student in reaching high levels of performance without much difficulty. Since any new situation is perceived as a stressful agent, these should be placed within a less official context, in order to accustom the student to the respective situation. The diversity of new situations is even more necessary as it may assist students in training for professional life.

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That is why we believe that a pleasant work environment in initial situations may help the group in adapting to stressful situations and reach higher efficiency rates for their work.

In order to investigate, analyse and describe a wide range of perspectives, the research team comprising a sample of 20 students from the Faculty of Mathematics, attending their initial teacher training study programme, will apply an initial and final test to evaluate the aggression potential, as well as a questionnaire on the inappropriate behaviour of some teachers.

I. Theoretical background

I.1. Conceptual outlines

Violence is the most common problem of our contemporary world and, unfortunately, it has become an ordinary, common thing, people coexisting with this phenomenon without minding the danger it represents for everyday life. The media constantly reports on extreme cases of violence, such as wars, crimes, stealing, fighting, destruction of goods and, of course, verbal violence, always present in all the social institutions and environments.

Due to the complexity of this concept and its different manifestation forms, violence is difficult to define, being often associated with and mistaken for aggression. Nevertheless, the specialists in the field manage to distinguish between the two terms.

Gradually, the term has gained a recent meaning, that of *violent and destructive behaviour directed at objects, one's own person or other individuals*. Therefore, there occurs the need to distinguish between the intention and the violent act in itself. When we use the term aggression, we mean intention. Nevertheless, it is no wonder that the two concepts, that of aggression and violence, often interconnect and support one another within definitions and causes, to help complete the research.

Not surprisingly, anger is correlated with disadvantages, for example, poverty, mental and physical impairment and marginalization. We may even notice the fact that anger, hostility and aggression cover generations, by means of yet insufficiently known mechanisms.

Violence is defined as *the deliberate threat or use of physical force or power against oneself, somebody else or against a group or community, which entails or presents an enormous risk to entail a traumatism, death, psychological alteration, precarious development or privations* (World report on violence and health, World Health Organization – Geneva, 2002).

The Council of Europe has launched, in 2002, a project on everyday violence, comprising modules on the various types of violence occurring in the contemporary society. Violence is present both in private and public life, as well as in institutions, among which school, as a public, institutionalized space, occupies a privileged position.

The need to raise awareness, through social campaigns and educational programmes aimed at building a culture of non-violence and ameliorating the manifestation of violence in human relations is part of the work agenda of state institutions, NGOs and the media.

The manifestation of violence involves the following psychological and social factors: the feeling of injustice, lack or low level of empathy, pride and the devaluation of the individual, emotional immaturity, impulsiveness, lack of self-control, social distance, inferior versus superior, subordinate versus higher-up, the relation of power, relations of gender inequality, having the upper hand in a couple.

Violence is a reality characteristic of human nature, with continuity throughout human history. Violence has always existed and continues to manifest itself across the most diverse geographical spaces, cultural traditions and reigns. The animal, human and even vegetal reigns are equally endowed with the ability to be aggressive, violent. The patterns for violence manifestation are distinct for each category. Despite its wide spread, the profile of violence wears the mark of the species, epoch, cultural and historic environment in which it is manifested, shaped by the strong fingerprint of individuals, the personality and psychic particularities of each person.

Therefore, aggression and violence are inherent characteristics of human nature, instincts impossible to eradicate. In fact, the attempt is to change the attitude towards violence, its gradual devaluation by raising awareness of its negative, undesirable consequences and increasing the control of violent, collective or individual impulses. At present, genocidal tendencies, coupled with technological progress and destruction of ecological resources, represent the highest risks for the human species. Thus, the future of our species looks uncertain. In order to understand genocide as a dramatic form of collective violence, we should resort to biology, ethics and psychology.

Man has aggressive tendencies, as revealed throughout history by the constant presence of violence and wars. From a social perspective, the approach to violence is more complex, because man is a social animal: the relations of power and domination, the need to subject and exploit, pride and intolerance, the inability to solve conflicts in a peaceful way are all characteristic of man.

1.2. Approach

The claim that school aggression and violence has reached, in recent decades, impressive levels, is turning into a common statement of the public discourse. A simple review of the known cases and types provides a dark image of this phenomenon. For example, we may watch on television, with surprise, how students aggress their mates or teachers while the whole event is being recorded on a mobile phone. All these, overlapping an excessively fast dynamics of the modern lifestyle, are able to build increased adjustment tensions and the deepening of the perceptions regarding deviant phenomena.

All the factors involved in the aggressive school situation, students, parents, teachers, schools as institutions and the civil society are caught in this dynamics. Thus, in the school situation, the separate universes create different needs, false perceptions and attributions, and trigger aggression.

The two categories involved educationally, teachers and students, may become either aggressors or victims. Regarding students, the violent states may originate in factors such as behaviour models, lifestyle and life philosophy, frustrations accumulated throughout life and personal weaknesses. Regarding teachers, these materialize due to the degree of professionalism, personal vulnerability, inadequate pedagogical strategies, flawed pedagogical experience and, sometimes, depending on age or gender, the discipline which is being taught (those with secondary disciplines may feel less important and respected than those whose disciplines are regarded as fundamental).

1.3. Explanatory models and theories

When it comes to the teacher and his influence upon school situations, we refer to the ability to manage educational contexts as well as to give the educational relationship a positive or negative character. The educational style used by each teacher is also important for the students' training, in catching their attention and shaping their attitude towards school and education in general. Lack of flexibility, hardness, favouritism, injustice in giving marks, lack of communication, negligence, indifference and lack of involvement in the taught discipline build a situation unfavourable for the student, brings dissatisfaction, frustrations and victimization, generating a feeling of insecurity and lack of motivation. The psychological consequences of these manifestations are immediate and easily visible, affecting the students' level of school performance, emotional balance, social insertion and self-esteem.

On the other hand, the students themselves may participate in spreading the school violence, through negative physical and verbal attitudes, such as insults, humiliation, irony addressed to their classmates or teachers. Coming from very different backgrounds, with different intellectual and aggressive potentialities, the frustrations experienced at the school level are able to precipitate the development of aggressive behaviour among students. If the frustrations are related to the process of education in itself, the student refuses to accomplish the school tasks, misses school and behaves inadequately.

However, the most common negative school behaviours are yet, unfortunately, regarded as *minor* and designated by Americans through the term *bullying*, which means *harassment*. These actions include contempt, offence, disrespect, brutality, intimidation, peer bullying and create a tense classroom atmosphere, destroying group dynamics. Due to their discrete nature, these actions are often regarded as harmless, but they are related to the very dynamism of social relations, the social building and assertion of the child and the confidence the child has in the school environment and everyday life.

II. THE RESEARCH METHODOLOGY

II.1. The applicative research objectives

The objectives of this research imply:

- Discovering the level and types of violence most often used in schools, especially when the teacher has inappropriate conduct towards the students.
- Building optimal conditions for the assertion of the individual potential of each student; organizing varied learning activities according to each student's development pace and level; stimulating intellectual efforts, collaboration, interest and motivation for applying Mathematics in varied contexts; adopting attractive and efficient teaching-learning-evaluation style and methods; approaching forms of organization characteristic of the psychological profile of each child and building the interest in and sensitivity towards new problems, as well as stimulating students to work in teams.

-

II.2. The applicative research hypothesis

A preventive type of approach to violence in school implies the identification and constant miniaturization of the teacher-student relationship. The applied research relied on the

HYPOTHESIS:

If we eliminate the possible sources of tension in the school environment, namely, verbal aggression, lack of transparency in evaluating students, discriminatory attitudes and marginalization of some of the students during class activities, unattractive organization of learning, lack of encouragement for students, encouragement of competition more than of cooperation, inducing feelings of failure, attitude of control instead of support for learning, **then** motivation for the learning activity as well as the school performance will be enhanced and the potential for aggression much diminished.

II.3. The applicative research methodology

The research was conducted by 20 students in the 3rd year at the Faculty of Mathematics, "Vasile Alecsandri" University of Bacău, by assisting 24 lessons and holding 24 probation and final lessons of Mathematics, on a group of 96 8th-graders from "Octavian Voicu" Elementary School from Bacău, where the teaching practice was conducted.

The investigation among students was conducted by means of two questionnaires, which highlighted nuanced opinions. In the first questionnaire, we asked students to appreciate the frequency of the phenomena mentioned below, in their school.

Table 1. Questionnaire on the misbehaviour of teachers

	1. Never	2. Seldom	3. Often	4. Very often	5. I do not know
1. Did teachers punish you when you did not know the lesson?					
2. Do teachers humiliate you by inappropriate words?					
3. Do teachers resort to physical punishment?					
4. Are you penalized if you ask teachers uncomfortable questions?					
5. Do teachers stimulate you more to compete and less to collaborate?					
6. Do teachers have enough patience to listen to your problems?					
7. Do teachers allow you to express original ideas?					
8. Do teachers discuss with you outside classes?					
9. Do teachers favour certain students for no reason?					
10. Is the lesson presentation attractive for students?					
11. Do teachers behave in a cold manner with you?					
12. Other situations:					

II.4. The organization and statistical processing of the obtained data

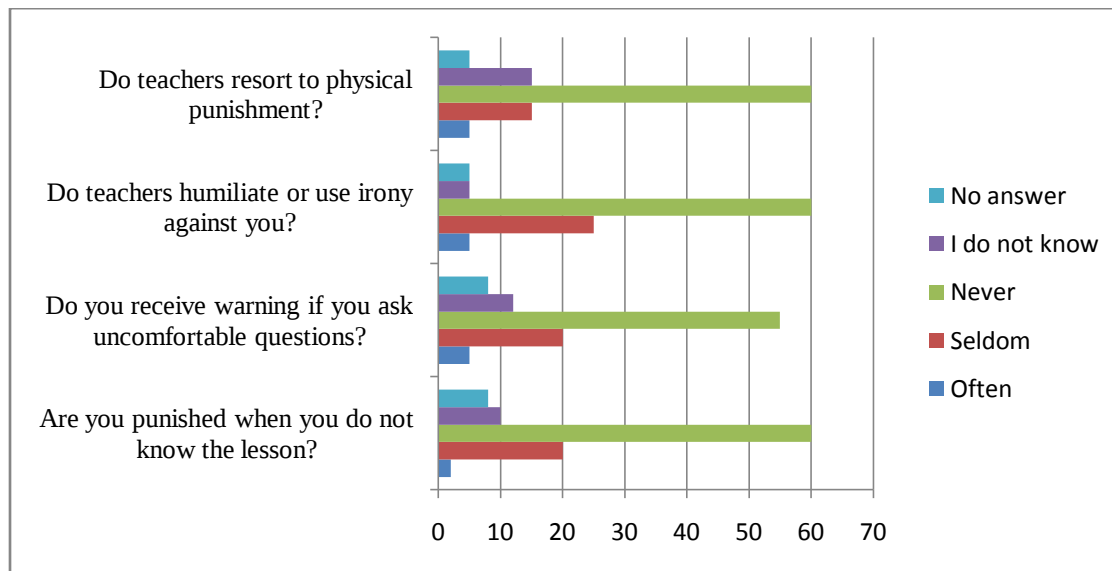
The proportion of students declaring that such teacher misbehaviour is manifested often is 4,25%, the seldom frequency reaching the percentage of 20%, (even 30% for the statement *Do you receive warning if you ask teachers uncomfortable questions?*, and for *Do teachers humiliate or use irony against you?*, the percentage is quite high - 25%)

Table 2. The synthetic table of the obtained results

	Often	Seldom	Never	I do not know	No answer
Do teachers resort to physical punishment?	2	20	60	10	8
Do teachers humiliate or use irony against you?	5	20	55	12	8
Do you receive warning if you ask uncomfortable questions?	5	25	60	5	5
Are you punished when you do not know the lesson?	5	15	60	15	5
Achievement rate	4,25%	20%	58%	10,5%	6,75%

II.5. Psycho-pedagogical analysis and interpretation of the results obtained

Figure 1 Psycho-pedagogical analysis of the results obtained



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Therefore, the obtained results indicate the prevalence of verbal violence in the teacher-student relationship, the children feeling uncomfortable, threatened by the teachers' behaviour, thus occurring the feeling of discouragement and even refusal to participate in classes and collaborate with the school environment.

To evaluate the potential of aggression, we have applied the test below, both at the beginning of the teaching practice, 01.10.2014, and at the end of the teaching practice, 20.12.2014. The test required the expression of agreement or disagreement on a scale from 1 to 5, for each item.

Table 3. Test for evaluating the aggression potential

ITEMS:	5	4	3	2	1
1. Do you feel directly concerned when someone criticizes something?					
2. Do you often bully others?					
3. Do you think you would be able to do harm to a colleague?					
4. Are you often told that you are impulsive?					
5. Do you usually get into fights?					
6. In a conflict, do you give in only with great difficulty?					
7. Do you believe you are a good leader and that others must obey you?					
8. Do your preferences have primacy over the preferences of others in all circumstances?					
9. Do you like violent actions?					
10. Are you always silent, angry and fierce?					
11. Do you get back at your mates for previous offenses?					
12. Do you feel satisfied when you see the others defeated?					
13. Are you easily annoyed?					
14. Do you prefer to be categorical, even if this means to trample on others?					
15. Do enemies exist only to make your life more interesting?					
16. Do you raise your voice easily in a discussion?					
17. Are you easily irritated and ready to retaliate?					
18. Are you a fan of a sports team defending its honour in every situation?					
19. When you are criticized, do you respond sharply?					
20. Do you usually tell your opinion openly, although this may offend others?					
21. Do you pay little attention to conveniences and prefer to go straight to the point?					
22. Is it obvious that in life nothing can be achieved without a					

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fight?					
23. Do you generally regard yourself as a redeemer?					
24. During arguments, are you inclined to push the conversation <i>to the hilt</i> ?					
25. Are you sometimes afraid of your own aggression?					
Total :					

Anger is the reason for the highest availability of aggressive action, being associated with increased physiological excitement, which determines the intensity of the inner mood and its behavioural expression. The causes of anger vary, the most often causes being the threat to one's state of wellness or frustrations. The main anger-inducing cause is the perception of injustice in relation to one's own person or others, anticipating the intention to punish the individual who has violated a moral rule.

After answering all items, the points obtained were gathered and the scores interpreted according to the grid below:

Table 4 Scores interpreted according to the grid

25-50 POINTS	51-75 POINTS	76-100 POINTS	101-125 POINTS
You are a rather peaceful person. You are characterized by the utmost calm, avoiding all forms of violence or use of force. You give in easily, even when things are obviously to your disadvantage.	Sometimes you react violently, but seldom by verbal means. You like to be left alone. You have self-control, your aggressive reactions are quite rational.	Generally, you manage to control your aggression, although sometimes you have violent outbursts. You should control the manifestation of your negative states better.	You have difficulties in controlling your tendency towards aggression. You solve all situations by aggressive means. You are difficult to work with, therefore you should work on building self-control.

School failure is a relevant risk factor when it comes to school violence. The internalized feeling of failure entails deep and lasting psychological marks, often expressed through violent behaviour.

II.6. Comparative data analysis and progress record

Analysing the results to the test for evaluating the aggression potential, we may notice, as shown in the graph below, the progress/ regress of scores from one test to the other one. If in the initial test there were recorded 29% students with proper behaviour and attitude, their number increased in the final test to 42%. A relevant decrease also occurred between the initial and final test at those with high aggression potential, from 19% to 8%.

Comparing the results obtained by the students to the initial and final tests for evaluating the aggression potential, we may find a relevant progress of skills in communication, calculus and correct use of mathematical concepts.

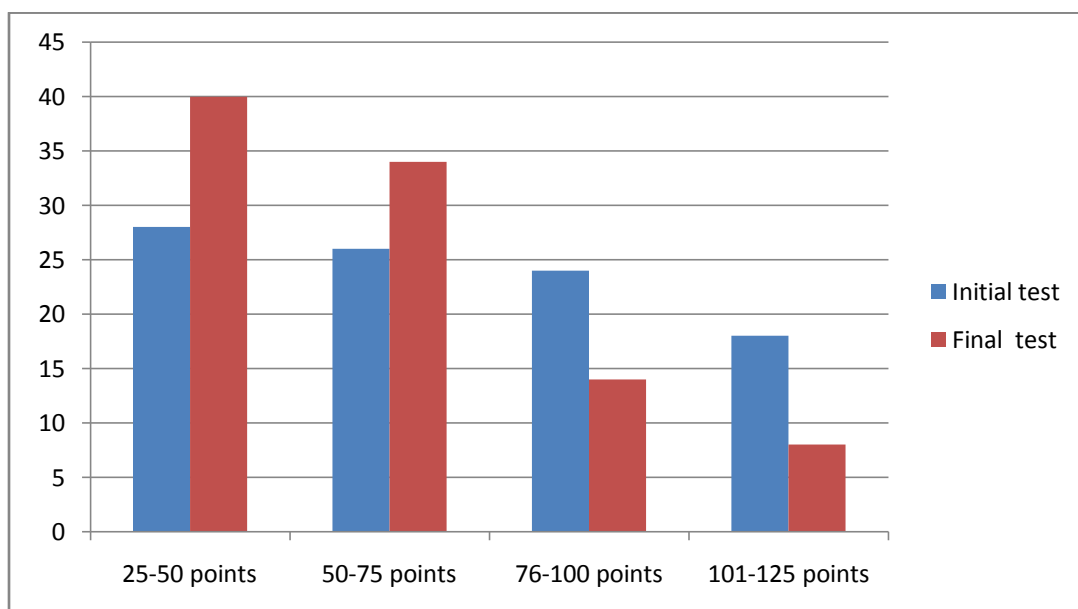
Enhancing the number of students who obtained *Good* and *Very good* results is remarkable, having led to diminishing the frustrations related to the educational process, the students accepting to accomplish school tasks without missing classes and displaying an appropriate behavior. The results are shown in the table and diagram below.

Table 5 Table with the results to the test for evaluating the aggression potential

	25-50 points	51-75 points	76-100 points	101-125 points
Initial test	28	26	24	18
Final test	40	34	14	8

**Figure 2
Diagram**

Diagram with the results to the test for evaluating the aggression potential



Thus, the *progress factor* applied to the actual activity of solving problems and exercises of Mathematics has considerably contributed to building efficient skills of intellectual work and

improving school performances at Mathematics. Individualized activity considers the work pace, skills, physical and intellectual endurance of each child, recording the progress of each student based on his own activity. Differentiation and the teaching-learning style is the key to full success in school teaching and learning. By applying the differentiation of training students, we support the identification of cognitive interests, special skills, providing proper circumstances to build them, so that each student may experience the feeling of success.

In order to shape human nature, education should always rely on knowledge of the structure and dynamics of personality features, the level of intellectual, emotional and attitudinal development.

During the teaching practice, the university students created optimal conditions for asserting the individuality potential of each child in personalized contexts. They organized diverse learning activities according to the children's development pace and level, stimulated intellectual efforts, collaboration, interest and motivation for applying Mathematics in varied contexts. They adopted teaching-learning-evaluation methods for each content and form of organization, as well as for the psychological profile of each child, developed interest and sensitivity for new problems, stimulating students to work in teams.

III. CONCLUSIONS

The results obtained by students in their final evaluation confirm the research hypothesis. These acquisitions materialize in enhancing the students' motivation for the learning activity, raising school performance, filling in knowledge gaps and achieving established objectives.

The students have shown initiative in transposing various situations into Mathematical contexts, they have overcome blockages in solving problems, displayed proper behaviour towards their group mates. Since students are different in terms of skills, learning pace, degree of understanding phenomena, ability to learn and results obtained, there was achieved an individual and differentiated treatment of the students by means of modern, active methods and procedures, individualized actions conducted on the background of frontal activities, activities in groups of different levels, with the assignment of different tasks.

The results obtained at evaluations and the positive feedback have motivated students, confirming the work hypothesis. Differentiated activity has high practical value, as it prevents the dragging of students with difficulties in assimilating knowledge, stimulating students with special skills, enhancing the efficiency of the instructive-educational process.

Educational institutions are a training and learning place where relationships are established, models and values are promoted, conditions are created for the child's cognitive, emotional and moral development. Teachers should pay greater attention to the teaching strategies and how they address students, use efficient methods of interaction and relationing at the disciplines they

teach, in order to ensure appropriate functioning of the teacher-student relationship and psychologically protect children.

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Self-Actualization among College Students: A Study With Reference To Sex, Place of Living and Medium of Teaching

Trupti Ambalal Chandaliya¹

ABSTRACT

The main purpose of this research was to effect the self-actualization among college students. The total sample consisted of 320-college students selected randomly from various college of Rajkot district. The research tool for self-actualization was measured by Dr. K. N. Sharma self-actualization inventory (SEAI) was used. Here 'F' test was applied to check the significance difference of college students. The study revealed that there was significant difference between male and female of college students. It was observed that the male college students less self-actualization than female college students.

Keywords: *Self-actualization and college students.*

INTRODUCTION:

The one word which best characterizes adolescence is “change”. The changes are physiological, sociological and psychological. Self-actualization is the term used to define the modern psychological concept which was first coined by Kurt Goldstein (1934) and then developed by Maslow (1943).

The African union defines youth as “person” and the world health organizations (WHO), identifies youth as those between 10 and 19 years (USAID, 2012). Maslow’s hierarchy, at the bottom with psychological needs and progress to safety needs self-esteem and finally the need for self-actualization. The implication of the fulfillment of these lower needs suggests that the self-actualization, person longer has the “need” for these motivational drives. Such an individual would subsequently press particular characteristics, which were observed and studied by Maslow (1968). Thus we have a description of “self-actualizing individual” but the path to achieve this stage could not explained by Maslow hierarchy.

Hah & yang souk (1994) self-actualization level depends on motivation of choice, satisfaction with nursing as a major and satisfaction with college life. There for and effective guidance program is required to improve motivation and satisfaction with nursing as a major and which college life.

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Irena Pufal Struzik (1995), self-actualization in gifted in aggressive young people. There was a trend towards higher self-actualization among gifted students and a need for stimulation and varied experience. The assumption that lower anxiety and higher self-acceptance are characteristic of young people with higher self-actualization was not conformed which suggests that there is a need to intensify parents' and teachers' support for student coping with difficulties.

What a man can be, he must be. This forms basis of the perceived need for self-actualization. This level of need pertains of what: a person's full potential is, and realizing that potential. Maslow describes the desire as the desire to become more and more what one is, to become everything that one is capable of becoming. This is a broad definition of the need for self-actualization but when applied to individuals, the need is specific. For example one individual may have the strong desire to become an ideal parent, in another it may be expressed athletically, and in another it may be expressed in painting, pictures or inventions. In order to reach a clear understanding of this level of need one must first not only achieve the previous needs, physiological, safety, love and esteem, but master these needs. Below are Maslow's descriptions of a self-actualization. Parson's different needs and personality traits.

Goldstein's critique of reified metaphors and subordinate drives are persuasive, but where does he leave us in understanding motivation? The concept of self-actualization is not without its own problems. What is the self which is being actualized? What are characteristics? Can we know what sort of self will be actualized beforehand or only ex post facto? Does this become a fancy any of begging questions of motivation by ascribing inevitability of whatever takes place? At its worst, the concept self-actualization can take on a fuzzy, mystical kind of haze. This was true of discussion self-actualization within "humanistic psychology", more recently, Kohut's references to personal "destiny" and Winnicott, s sometimes reified discussions the "true self" take on that same quality.

Allen Rence (2012) assessed gender differences in self-actualization among sample of black university student, black female university students reported more self-actualization than black males. Schindler and Waters (1986) measured self-actualization differences using POI between sexes and different degrees of athletic involvement for college students. It was generally found that women were more self-actualizing than men were.

The present investigation was carried out to examine the impact of sex, place of living and medium of teaching on self-actualization college students.

OBJECTIVES

1. To measure the difference of self-actualization between male and female college students.

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2. To measure the difference of self-actualization between hostel living and home living college students.
3. To measure the difference of self-actualization between Gujarati medium and English medium college students.
4. To measure the effect of sex, place of living and medium of teaching on self-actualization.

METHOD

Sample –

The total sample consisted of 320-college students selected randomly from various colleges of Rajkot district. Out of 320 students, 160 are male and 160 are female. In subject of 160 out of which 80 are hostel living and 80 are home living college students and then in subject of 80 out of which 40 Gujarati medium and 40 English medium college students.

Tools –

The following tools were used in the present study.

1. Personal data sheet –Personal data sheet was prepared to collect some personal information about name, sex, types of living place, type of teaching medium, city name, district name, etc.
2. Self-actualization inventory –

According to research purpose “self-actualization” measure is used which is invented by Sharma K.N. (2000), which includes 75 statements, checked by 3 point. The test retest reliability of whole test was .85 and validity of this inventory is high.

Procedure –

Above-mentioned devices were administered to all selected male and female college students having different place of living and medium of teaching. Scoring was carried out as per the manual. To test the framed hypotheses related to self-actualization with reference to type of sex, type of living place and type of teaching medium F-test was used.

RESULT AND DISCUSSION

The purpose of the present study was to investigate whether “self-actualization among college student: A study with reference to sex, place of living and medium of teaching”. To examine the framed hypothesis F-test was applied and the obtained results are presented in the following table- 2 and 3.

Self-Actualization among College Students: A Study With Reference To Sex, Place of Living and Medium of Teaching

Table No. 1, ANOVA summary of self-actualization with reference to type of sex, place of living and medium of teaching (N-320)

Variables	SS	df	MS	F
A _{SS}	1570.88	1	1570.88	8.63 [*]
B _{SS}	4.76	1	4.76	0.03 ^{ns}
C _{SS}	1906.14	1	1906.14	10.47 [*]
AB _{SS}	3574.90	1	3574.90	19.64 [*]
AC _{SS}	4090.03	1	4090.03	22.47 [*]
BC _{SS}	3420.33	1	3420.33	18.79 [*]
ABC _{SS}	7604.06	1	7604.06	41.78 [*]
W _{SS}	56784.37	312	182.00	
T _{SS}	78955.43	319		

*0.01=6.78

**=Not Significant

Table No. 2, Difference mean scores of self-actualization with reference to type of sex, place of living and medium of teaching

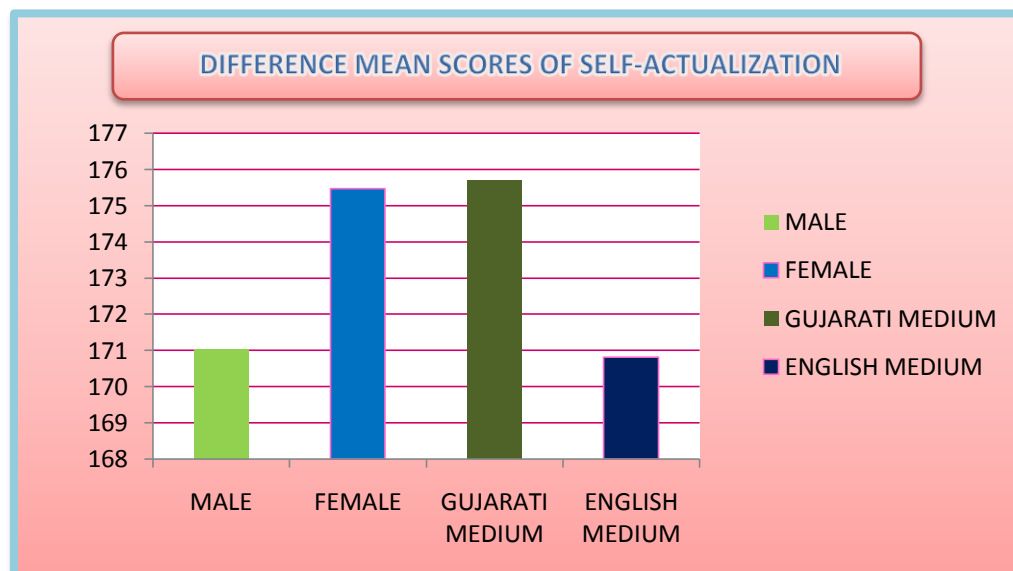
Sr. No.	Variables	Categories	N	Mean	Difference
A	Sex	A ₁	160	171.04	4.24
		A ₂	160	175.48	
B	Medium of teaching	B ₁	160	175.70	4.88
		B ₂	160	170.82	

Hear – A = Type of sex

B = Type of teaching medium

Result could be easily understood in graph below –

Self-Actualization among College Students: A Study With Reference To Sex, Place of Living and Medium of Teaching



Self-actualization with reference to sex -

F-test has been applied to measure the impact of sex, place of living and medium of teaching on self-actualization. The F ratio for type of sex is 8.63 (as in Table no.1), which is significant at the level of .01. Study shows that, the mean scores of self-actualization of male and female college students are 171.0 and 175.48 respectively. The difference in self-actualization among these two is (4.24). Means reveal that male college student have less self-actualization than female college students. It can be concluded that sex of college students plays significant impact on self-actualization.

The probable reason for difference of self-actualization behavior of male students is less than girl self-actualization behavior. Male college students have tendency that the college life is golden time for fun while female college students are more conscious about their study and goals. It is found that, due to egoistic and overconfident nature of male college student, they don't accept people, situation and reality as they are and they have misconception of knowing everything, due to these male students have less self-actualization then female college students.

Self-actualization with reference to place of living –

The F-ratio for types of place living is 0.03 as in Table No.1, which is not significant. Since the hostel, living and home living college students both are living in the same city, and there is no significance different in their living atmosphere and surrounding. Thus it can be concluded that the impact of place of living among college students on self-actualization has no significant role.

The probable reasons for no any difference of self-actualization of hostel living and home living college students; because both are live in city, so atmosphere of city is same.

Self-Actualization among College Students: A Study With Reference To Sex, Place of Living and Medium of Teaching

Self-actualization with reference to medium of teaching –

The F ration for type of medium of teaching is 10.47 as shown in Table No.1, which is significant at the level of .01. Table No.3 shows that the mean scores of self-actualization among the Gujarati medium and English medium college students are 175.70 and 170.82 respectively, the difference between these two is 4.88. Means reveal that Gujarati medium students have greater self-actualization than English medium college students.

The probable reason for difference of self-actualization of Gujarati medium students is grater then English medium students, as we have discussed earlier they both are living in the same society and same city. They both have same mother tongs and due to that, Gujarati medium students need not to additional time and vocabulary for understanding subjects and language, while English medium students have less understanding and feeling of the language.

Self-actualization with reference to interactional effect of sex, place of living and medium of teaching-

When F test was applied to examine the interactional effect of sex, place of living and medium of teaching on self-actualization, significant impact was found. The F ratio for ABss, ACss, BCss and ABCss (sex and place of living, sex and medium of teaching, place of living and medium of teaching and sex, place of living and medium of teaching in interactional effect on self-actualization are 19.64, 22.47, 18.79 and 41.78 as shown in Table No.1, which is significant at the level of .01. It was concluded that there was significant interactional impact of sex, place of living and medium of teaching on self-actualization.

CONCLUSION

As for as male and female college student both are significantly difference in self-actualization, that means male self-actualization are less than female college students. As for as hostel of living and home of living college student both aren't significant difference about self-actualization, that means place of living do not impact on self-actualization. As for as Gujarati medium and English medium college student both are significant difference about self-actualization, that means medium of Gujarati self-actualization are greater than medium of English college students.

Self-Actualization among College Students: A Study With Reference To Sex, Place of Living and Medium of Teaching

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Emotional Intelligence and Gender Differences in the Adolescent Children of Employed Mothers and Homemakers

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ABSTRACT

The present study assessed the impact of maternal employment on the emotional intelligence of the adolescents. The sample consisted of 69 adolescents of employed mothers including 35 girls and 34 boys and 74 adolescents of homemakers including 41 girls and 33 boys. Total sample size was 143 adolescents of Ahmedabad City, studying in 8th and 9th standard. The Emotional Intelligence Scale translated into Gujarati by Dr. Pallavi Patel and Dr. Hitesh Patel was used to collect data. The data was analyzed using 't' test. The result revealed that the adolescent children of employed mothers had high emotional intelligence. The female children of employed mothers showed more emotional intelligence, while there were no gender differences in the emotional intelligence of adolescent children of homemakers.

Keywords: *Adolescents, Emotional Intelligence, Maternal Employment, Gender Differences*

INTRODUCTION:

Adolescence is one of the important periods of life. It is characterized by innumerable and unique problems. With the demands of globalization, the nature and number of challenges have become still more compared to the yesteryears. Family, which plays an important role in the personality development of adolescents, is undergoing structural, emotional and interactional transformations. The contributions of mothers in shaping the personality of their children cannot be ignored. But an unprecedented number of women, especially mothers are entering the labor force either due to economic necessity or in search of identity. This has led to radical shift in the traditional role of mother as a 'care taker' to a 'bread earner' and has altered child rearing goals and practices. Hence, an attempt is made to see the effects of it on emotional intelligence of children.

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Emotional Intelligence:

In the last ten years, the concept of emotional intelligence has aroused much interest in society and in academia. Emotional Intelligence is the ability or tendency to perceive, understand, regulate and harness emotions adaptively in self and others. (Schutte, et al., 1998). Research is confirming the relation between emotional intelligence and some positive developmental outcomes such as: subjective well-being (Gallagher & Vella-Brodrick, 2008), adaptive coping styles and mental health (Mavroveli, Petrides, Reiffe, & Baker, 2007), mental ability and positive personality traits (Van Rooy & Viswesvaran, 2004), academic achievement (Schute, Malouff, Hall, Haggerty, Cooper, Golden, & Dornheim, 1998), school adjustment (Adeyemo, 2005), and physical and psychological health (Tsaousis & Nikolaou, 2005).

Several factors affect the development of emotional intelligence in children. Child's character, neurophysiology and cognitive enhancement are the important factors (Eisenberg & Morris, 2002; Goldsmith & Davidson, 2004). However it has been seen that emotional intelligence may strengthen or dull with the effect of both these factors and social relationships like family and circle of friends. Family environment is especially the most important one among these (Cole, Martin, & Denis, 2004; Parke, 1994; Walden & Smith, 1997).

Family environment affects children's emotional intelligence in three aspects. Firstly children learn emotions by observing the people around them. Secondly their experiences and behaviors related to parent's emotions ensure children to become appropriate to society's expectations. Thirdly factors reflecting the emotional status of family such as the quality of emotional attachment between the child and the parents, attitude of parents, emotional and social openness, and marital relationship have impacts on emotional intelligence (Morris et al. 2007).

Maternal Influence and Emotional Intelligence of Children:

With the cutting of the umbilical cord, physical attachment to our mothers ends and emotional and psychological attachment begins. While the first attachment provides everything we need to thrive inside the womb, many psychologists believe the second attachment provides the psychological foundation and maybe even the social and physical buffer we need to thrive in the world. There is an influence of mothers' nature, personality, competencies etc. on the child. The child develops intellectual and emotional traits by getting influenced by her mother.

Evidence comes from Eisenberg and Fabes (1994) who found a link between mothers' perceptions of their children's temperament and mothers' reactions to their children's negative emotions. In another study, mothers' perceptions of girls' negative emotionality were positively associated with mothers who were minimizing their children's negative emotion, and were negatively associated with reports of helping to solve the issue that resulted in the negative emotion (Eisenberg, Fabes, & Murphy, 1997).

Gottman, Fainsilber-Katz, and Hooven (1997) have recently proposed that parental meta-emotion philosophy represents an important component of how children's emotions are socialized. Meta-emotion philosophy can be conceptualized as an emotional understanding between parents and children, and can theoretically be understood as an 'organized set of feelings and cognitions regarding one's own emotions and the emotions of others' (Gottman *et al.*, 1997, p. 7).

Maternal Employment and Emotional Intelligence:

Sociologists, social psychologists and Educationists got interested in the field of children of working and non-working mothers to find out the problems that the children of working mothers face. Various studies have been conducted to see the effect of maternal employment on personal and social traits of children. Hoffman (1963) found that the children of working mothers appeared to be less assertive and less affective in their peer interaction. These children helped someone less in house hold tasks than did the children of non-working mothers. Moore's (1963) data indicate that the children who had been left by their mothers from early infancy showed more dependent attachment to their parents than did any other children. They exhibited other symptoms of insecurity such as nail biting and bad dreams. Miller (1975) reveals that daughters of working mothers were found to be more aggressive and less passive than daughters of non-working mothers. Ribble (1979) has found that children who were not fortunate enough to have the loving, caring and constancy of their mother during their earlier years reacted with negativism, hypertension, stupors sleep, diarrhea and emotional imbalance.

According to Hoffman (1980), fulltime employment may result in less effective socialization of sons because their more active behavior requires greater parental monitoring and intervention than is necessary for girls. Bronfenbrenner, Henderson (1984) and Alvarez (1985) have found that highly educated full time employed mothers described their three year old sons in especially negative terms. Their boys seemed demanding and non-compliant. Rane (1986) found that neurotic disorders were located in the children of working mothers. Sharma (1986) has revealed that the children of non- working mothers were found to be more excited, tender hearted, sensitive, dependent and more protective. Mody and Murthy (1988) have revealed that the children of employed mothers were found to be careless and slightly emotionally unstable in the early years compared to the children of nonemployed mothers. Vandell & Ramanan (1991) have found that children with latch key experience have more behaviour problems. They are emotionally weak.

Sroufe et al (1993) have found that insecurely attached infants by contrast, often have later problems: inhibitions and negative emotions in toddler hood, hostility towards other and dependency during the school years. Walzer (1996) has revealed that working mothers are more likely to think about their babies and to feel guilty if they become so consumed with the demands of their jobs that they fail to think about their babies. Andrabi (1997) found that the children of working women experience more emotional adjustment problems. Hill and others (2001) found that when a child's mother works in the first year of life it can have a negative effect on the child's later development. Koschanska (2001) has found that insecurely attached toddlers show more negative emotions (fear, distress and anger) while securely attached children show more joyfulness, even in the same situation. Brooks – Gunn, Han and Waldfogel (2002) in their longitudinal study found that the three year old children of mothers who went to work before the children were nine months old had poorer cognitive outcomes than three year old children who had stayed at home with their mothers in the first nine months of the child's life.

Vijayalaxmi & Bowlby (2007) have found that the adolescent children of home makers have significantly higher self concept. The children of home makers have significantly higher self concept and higher achievement motivation than the children of employed mothers. The female

Emotional Intelligence and Gender Differences in the Adolescent Children of Employed Mothers and Homemakers

children of home makers are having significantly higher emotional maturity compared to the male children of home makers. The children of employed mothers are more socially maladjusted and lacked independence to a very highly significant level compared to the children of home makers. Hock, McBride & Gnezda (2004) have revealed that there existed a positive relation between maternal separation anxiety and children's anxieties and separation from their mothers. This is perceived as a threat to the child's well being and/or to her own psychological equilibrium. Such anxiety may be reflected in feelings of worry, sadness, or guilt.

Most researchers have focused their attention on elementary school aged children, because of the widely held belief that adolescents need less contact with their mothers than do the younger children who might at a risk for a variety of psychological problems as a result of repeated separations from their mother (Bowlby,1973). This view may not be warranted, however, since adolescents continue to interact with their mothers and alterations of the family system as a result of maternal employment might have a profound effect on adolescent development (Montemayor & Clayton, 2001). On the positive side, adolescents with working mothers may develop a greater degree of autonomy and adult maturity than those with nonworking mothers. Employed mothers may have a less stressful relationship with their adolescent children because they would not be as fully invested in childrearing and so could more easily relinquish maternal control than the full-time homemakers (Birnbaum,1975).

With such varied results over a period of time, an attempt is made by the investigator to find the effect of maternal employment on emotional intelligence of adolescents and the gender differences in the adolescent of the employed mothers and homemakers.

OBJECTIVES:

The following objectives were formulated:

- 1) To identify the adolescent children of the employed mothers and homemakers.
- 2) To study emotional intelligence of the adolescent children of employed mothers and homemakers.
- 3) To study the gender differences in the emotional intelligence of the adolescent children of employed mothers and homemakers.

NULL HYPOTHESES:

The following hypotheses were framed:

- 1) There is no significant difference in the mean scores of emotional intelligence of the adolescent children of employed mothers or homemakers (Composite score).
- 2) There is no significant difference in the mean scores of emotional intelligence of the adolescent children of employed mothers or homemakers (Factor wise).
- 3) There is no significant difference in the mean scores of emotional intelligence of the adolescent girls or boys of employed mothers (Composite score).
- 4) There is no significant difference in the mean scores of emotional intelligence of the adolescent girls or boys of home makers (Composite score).

Emotional Intelligence and Gender Differences in the Adolescent Children of Employed Mothers and Homemakers

METHOD:

Sample:

For this study, total sample size of 143 adolescents of Ahmedabad City, studying in 8th and 9th standard were included. The sample consisted of 69 adolescents of employed mothers including 35 girls and 34 boys and 74 adolescents of homemakers including 41 girls and 33 boys.

Tools:

- (a) **The personal data sheet** was prepared to collect the information regarding student's age, standard (class), sex, income-status, number of children in the family, their mother's qualification, employment etc.
- (b) **The Emotional Intelligence Scale:** This scale is translated into Gujarati by Dr. Pallavi Patel and Dr. Hitesh Patel was used to measure the EI of adolescents. The scale consisted of 77 statements where the respondents had to tick mark in one of the four alternatives provided. This scale consisted both positive and negative statements which were calculated as per the manual.

Procedure:

For the data collection two schools of Ahmedabad city were approached. The permission of the principal and the teachers was taken and then the high school students were approached personally. A rapport was built with them and then the above mentioned test along with the personal data sheet was given. The sample consisted of 143 students in 8th and 9th grade. The data collected was being analyzed based on four components of emotional intelligence scale and the details regarding maternal employment derived from personal data sheet. 't' test was the statistical technique used to analyze the data.

RESULTS:

Table 1: Showing the Mean, SD and "t" of emotional intelligence and its factors of the adolescent children of Employed mothers and Homemakers.

	Employed Mothers			Home Makers			"t"	Significance
	N	Mean	SD	N	Mean	SD		
Emotional Intelligence	69	240.18	15.85	74	227.05	15.67	2.06	0.05
Factors of EI								
Self Awareness	69	118.92	10.40	74	111.21	12.34	3.05	0.01
Self management	69	64.32	6.70	74	64.364	15.05	0.98	Not significant
Social awareness	69	29.5	5.61	74	25.95	4.28	1.98	0.05
Social skills	69	34.59	6.85	74	34.33	6.38	0.81	Not significant

Table 1 shows the mean, SD and t of emotional intelligence and its factors of the adolescent children of employed mothers and homemakers. The difference between the emotional

Emotional Intelligence and Gender Differences in the Adolescent Children of Employed Mothers and Homemakers

intelligence of the adolescent children of employed mothers and homemakers was found to be significant at 0.05 ($t=2.06$). It means that the emotional intelligence of adolescent children of employed mothers is more than those of the homemakers. Hence, the null hypothesis is rejected. The Self-awareness of the adolescent children of employed mothers is higher than their counterparts. The null hypothesis is rejected at 0.01 level ($t=3.05$). Similarly, the social awareness of the adolescent children of employed mothers is significantly high at 0.05 level ($t=1.98$). The probable reason would be that the dual role of the employed mother as a professional and a care taker would help the child in developing an insight and ability to cope with the situations independently than the constant helping homemakers. Moreover, the children would be able to make decisions, discuss emotions and will be able to communicate clearly and directly (Mahmood, Hassan 2012). The social awareness would be more as the adolescent children of employed mother would see their mothers interacting with outside and adopt such attitude easily than their counterparts. Moreover, they would be aware of the importance of the role of physical appearance and attributes in social acceptance and success as they are exposed to a wider world apart from home and school because of maternal employment (Hangal and Vijyalaxmi 2007).

However, it should be noted that there is no significant difference in the self-management scores of the adolescent children. The probable reason would be that adolescents today are career oriented and hence they are able to develop skills like adaptability and self-control from the outside world. Similarly, the social skills are not affected by maternal employment as the child interacts with many people at school, coaching, on social networking sites and is not merely bound to interact with the family.

Table 2: Showing the Mean, SD and “t” of emotional intelligence and its factors of the adolescent Girls and Boys of Employed mothers.

	Girls			Boys			“t”	Significance
	N	Mean	SD	N	Mean	SD		
Emotional Intelligence	35	243.38	16.78	34	228.91	18.21	3.12	0.01

Table 2 shows the mean, SD and t of the emotional intelligence of adolescent girls and boys of employed mothers. The mean of emotional intelligence of girls is more than the boys. Hence, the null hypothesis is rejected at 0.01 level ($t=3.12$). The probable reason could be that the girls would take up few responsibilities in the absence of the mother during the day unlike boys. Also the girl would learn to take care of the house and try to play dual roles like her mother.

Emotional Intelligence and Gender Differences in the Adolescent Children of Employed Mothers and Homemakers

Table 3: Showing the Mean, SD and “t” of emotional intelligence and its factors of the adolescent Girls and Boys of Homemakers.

	Girls			Boys			“t”	Significance
	N	Mean	SD	N	Mean	SD		
Emotional Intelligence	41	243	15.11	33	242.75	16.59	0.95	Not significant

Table 3 shows the mean, SD and t of the emotional intelligence of adolescent girls and boys of homemakers. There is no significant difference in the mean of the emotional intelligence of girls and boys of Homemakers. Hence the null hypothesis is accepted. The probable reason would be the same kind of constant attention and care by the homemakers to both the genders.

CONCLUSION:

- 1) It has been found that the emotional intelligence of the adolescent children of employed mothers and homemakers is significantly different on composite score. The emotional intelligence of the adolescent children of employed mothers is more than their counterparts.
- 2) The study has revealed a significant difference in the self awareness of the adolescent children of employed mothers and homemakers. The children of employed mothers showed signs of intelligence and ability to cope with the challenges.
- 3) The study showed that there is no significant difference in the self management score of children as they develop skills like adaptability and self-control from the outside world.
- 4) The study revealed significant difference in the social awareness of the adolescent children of employed mothers and homemakers. The adolescent children of employed mothers showed more organizational awareness and empathy than their counterparts.
- 5) It has also been found that there is no significant difference in the social skills of adolescent children of employed mothers or homemakers as children develop communication skills and leadership qualities while interacting with the outside world.
- 6) There were gender differences in the composite score of emotional intelligence of the employed mothers. The emotional intelligence of girls was more than the boys as they adapt a sense of responsibility easily.
- 7) There were no gender differences in the composite score of emotional intelligence of homemakers. The probable reason would be the same kind of care from the mother.

SUGGESTIONS:

- 1) There is a need for training in management of emotions among adolescents.
- 2) The mothers need to sensitize towards the need of their children.
- 3) The homemakers need to take more measures for their children's development.
- 4) Mothers also need guidance and counseling in bringing up their male and female children effectively with the egalitarian attitude.
- 5) Research is required on large samples measuring the development (physical, social and emotional) of adolescent children of employed mothers and homemakers.

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